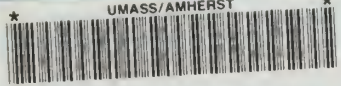


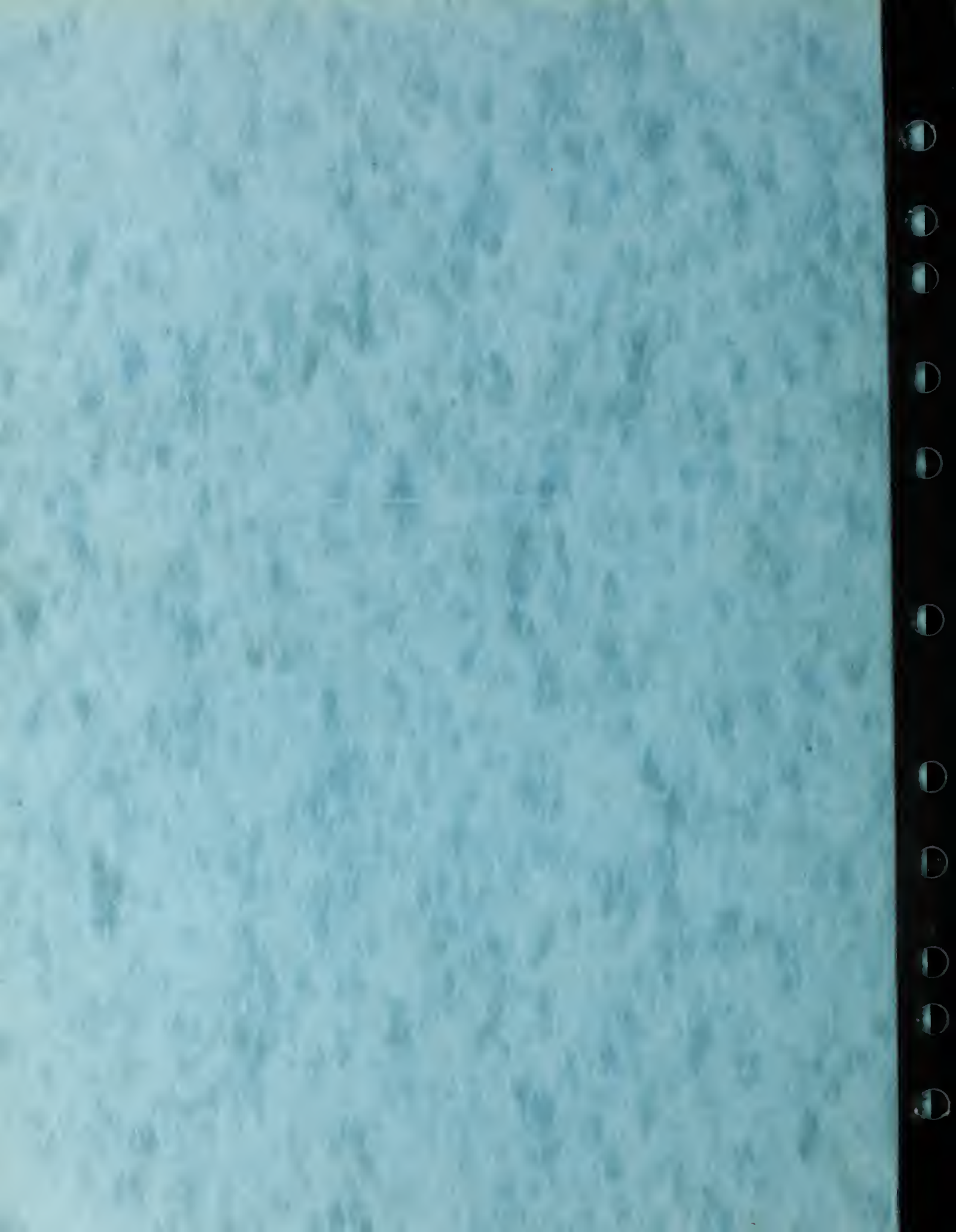
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SOCIAL SERVICES POLICY MANUAL

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DEPARTMENT OF PUBLIC WELFARE

600 Washington Street

Boston, Massachusetts

STEVEN A. MINTER, COMMISSIONER

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INTRODUCTION

All residents of Massachusetts have a right to apply for social services and, if they meet the eligibility requirements, to receive such services whenever needed. They have a further right to expect that their requests will be processed promptly, that they will be able to discuss their needs with a social worker in privacy, that they will be treated with consideration and respect, and that all information concerning themselves and their problems will be handled with the strictest confidentiality.



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CHAPTER I

ELIGIBILITY FOR SOCIAL SERVICES

Chapter I

ELIGIBILITY FOR SOCIAL SERVICES

I. POLICY

The Department of Public Welfare, through its Office of Social Services, is responsible for establishing criteria for the determination of eligibility for social services as a means of facilitating efficient utilization of available public and private resources for its clients.

The full range of social services offered by the Department of Public Welfare is provided to strengthen family life, improve family health, and promote the physical and emotional well-being of family members and individuals.

Anyone may come to a service office or designated unit of the Massachusetts Department of Public Welfare with an oral or written request for social services. Applications shall be accepted but a determination of eligibility need not occur nor services be provided if funds are not available to the Department to provide the specific service requested by the client. Eligibility for social services will be determined as part of an assessment process. Such an assessment will evaluate the client's specific service request in relation to the range of services available and eligibility factors which are in accordance with the Department's policy for social services.

An applicant for social services who is unable to come directly to a service office or designated service unit to complete a formal application for social services may designate a person to apply for him. The Request for Service Form (SOC-1) and the Application Form (SOC-3) may also be mailed to the person upon request.

The following general requirements must be met in the application process:

All persons requesting services shall have an opportunity to apply;

Anyone requesting social services may receive information and referral services to direct him to the most appropriate resource;

All applications for services are to be given prompt and efficient consideration by social service staff;

Information obtained in determining eligibility shall be considered confidential, and the rights of the applicant shall be protected;

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All persons, at the time of application, are to be informed of the voluntary nature of the service program and their right to appeal;

Applicants for social services are to be notified in writing within thirty days of the date of application as to approval or denial of their application and their right to appeal. If information necessary to verify eligibility for the Application and Service Plan cannot be obtained within thirty days, the period of notification may be extended to a maximum of forty-five days from the date of application.

A. Determination of Eligibility

Determination of general eligibility for social services is based on the completed Application Form, and on the verification process established by the Department of Public Welfare. The applicant is the primary source of information about his status. The social service worker will assist the applicant by providing information regarding general eligibility factors, as well as factors specific to the service requested by the applicant.

Although a person may meet the general eligibility criteria for social services as described below, there are some services which are restricted to current recipients, and some which require additional income verification, or documentation of a medical condition. The social service worker must inform the applicant of any additional verification required, or any service limitations which are in evidence regarding the service requested. The social service policy for each defined service contains information regarding specific eligibility criteria.

The Department of Public Welfare makes available a range of social services to meet the needs of various client groups. In order to be determined eligible for such services, individuals must meet the following eligibility requirements:

1. Services to the Aged and Disabled

Individuals who are identified as applicants for or current recipients of Supplemental Security Income or designated as a former or potential SSI recipient may

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seek the range of social services available to the aged and disabled. Such services are federally reimbursable. An explanation of these terms is given below:

a. Applicants for or Current Recipients of SSI

Those individuals who are current recipients of SSI, or who have filed an application for SSI with the Social Security Administration and have not as yet received approval or denial of such an application.

b. Former Recipients of SSI

Those individuals who have received SSI benefits within two years prior to the current application for services.

c. Potential Recipients of SSI

Those individuals who are likely to become applicants for or recipients of SSI within five years based on the following conditions:

(1) at least 60 years of age

or

(2) professionally diagnosed as having a specific disability, such as mental retardation, alcoholism, drug addiction, physical handicap, developmental disability, or severe emotional disturbance which is consistent with SSI guidelines.

In addition to meeting the above criteria, potential recipients of SSI must also have an annual net income that does not exceed the amounts indicated below:

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<u>Family Size</u>	<u>SSI/DA Annual Net Income</u>	<u>SSI/OAA Annual Net Income</u>
1	\$ 4,644	individual \$ 4,836
2	\$ 7,080	couple \$ 7,368
3	\$ 9,544	
4	\$10,644	
5	\$11,644	
6	\$12,544	
7	\$13,444	

2. Services to Families and Children

- a. Families and individuals who are identified as current, former, or potential recipients of AFDC may seek the range of social services available to families and children. Services to such families and individuals are federally reimbursable. An explanation of these terms is given below:

(1) Applicants for or Current Recipients of AFDC

Those families and children who are current recipients of AFDC, or who have filed an application for AFDC with the Welfare Department and have not as yet received approval or denial of such an application.

(2) Former Recipients of AFDC

Those families and children who have received an AFDC grant within two years prior to the current application for services.

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ELIGIBILITY FOR SOCIAL SERVICES

(3) Potential Recipients of AFDC

Those families and children who give evidence of a social, economic, or health condition which indicates that without social services the family is likely to suffer family breakdown and become recipients of AFDC within five years, and who have an annual net income level that does not exceed the amount indicated below:

<u>Family Size</u>	<u>Annual Net Income</u>
1	\$3,300
2	\$4,900
3	\$6,000
4	\$7,000
5	\$7,900
6	\$8,900
7	\$9,800

Note:

Those families and children receiving assistance through the General Relief Program or Medical Assistance for Needy Families (MA-AFDC) or Medical Assistance for Children Under 21 (MA-Under 21) who meet the above criteria are eligible for social services as potential recipients of AFDC. All children in the care of the Department who are eligible for MA-Under 21 are designated as potential recipients of AFDC.

- b. Children who are identified as needing foster care, group care, residential care, protective services, or adoption services may receive such services without regard to financial eligibility. The Department may seek support payments when appropriate.

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Children determined to be in need of social services because of serious physical or emotional injury resulting from abuse inflicted upon a child, including sexual abuse; or a serious physical or emotional injury resulting from neglect, including malnutrition; or physical dependency of a child upon an addictive drug at birth are eligible for the social services provided to families and children as defined in Chapter II, without regard to financial eligibility.

A child may be brought to the attention of the Department for the provision of foster care, group care, residential care, protective services, or adoption services in accordance with the appropriate provisions of Chapter 119 of the General Laws as a result of a voluntary request for the service, a referral, or a judicial determination that the child is in need of such services.

An assessment by the social worker shall determine whether the child requires such services due to the absence of the parent or guardian, or the inability or incapacity of such parent or guardian to provide proper care and supervision for the child, or conditions of neglect, injury, abuse, abandonment, or emotional disturbance.

3. Services to Recipients of General Relief

Anyone who is receiving assistance through the General Relief Program, who is not eligible for any of the federally reimbursable services under Sections 1 and 2 above, is eligible for the range of services, supported solely by state funds, which is available to such individuals.

B. Verification of Eligibility

The social service worker will verify that the applicant's status and request for services is in accordance with Department policies.

The verification process must be completed for all clients applying for social services. Additional verification may be required to meet eligibility criteria for specific services. This additional verification will be part of the service plan development. The filing of appropriate documents in the case record supports the verification.

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ELIGIBILITY FOR SOCIAL SERVICES

C. Service Plan Development

The Social Service Plan is an agreement between the worker and client. It represents a mutually agreed upon plan of action indicating the goals toward which they are working, the barriers which are preventing the individual from attaining or maintaining the goals, the social services needed to assist the client, and the time frame or duration of the social services to be provided.

The worker has the responsibility to develop the Service Plan in accordance with Department policies.

In situations where a client is unable to participate in the development of the Social Service Plan, such as some protective situations, a court-appointed guardian can act in the client's behalf.

D. Redetermination of Eligibility

Redetermination of eligibility involves a review of any changes in the client's status as recorded on the original Application Form and Service Plan Form and a verification of the client's status. Redetermination of general eligibility for social services must be made every six months from the date of the completed Application Form. Redetermination of eligibility for specific services may require a more frequent review and verification based on the time frame indicated on the Service Plan Form. The same documents used to determine initial eligibility will be utilized to redetermine eligibility. Any change in the person's general eligibility status must be accompanied by appropriate review and changes in the Service Plan Form. The Service Plan will also be reviewed and updated when a review is requested by the client due to changes in his situation which affect the original agreement.

II. GENERAL PROCEDURES

A. Determination of Eligibility

The Social Services Application Form (SOC-3), used for determining eligibility for social services, shall be completed for all persons requesting social services through the Department of Public Welfare.

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ELIGIBILITY FOR SOCIAL SERVICES

The social service worker in the service office, or designated service unit, will assist the applicant in completing the Application Form when appropriate.

The Application Form must be filed in the case record.

If a person re-applies for social services after his service case has been closed, a new Application Form shall be completed.

B. Verification of Eligibility

There must be a prompt verification of eligibility so that service provision will not be unduly delayed. In cases where immediate verification is possible through an MA Identification Card, that procedure should be followed. In cases where a verification of eligibility is dependent upon documents received from another agency, a Welfare Service Office, or a designated service unit, such information may be received by telephone, but this verification procedure must be repeated every thirty days pending receipt of appropriate written documentation.

Procedures for verifying the status of applicants for the range of available social services are as follows:

1. Services to Aged and Disabled

a. Current SSI Recipients

The status of current SSI recipients may be verified through any of the following means:

- (1) An MA Identification Card, which identifies the person as a recipient of Medical Assistance and a current SSI recipient, and includes an effective date. This information must be recorded on the Application Form (SOC-3).
- (2) An SSI Referral Form which verifies that the person is a current SSI recipient. This form must be filed in the case record.
- (3) A WSO print-out sheet which verifies current SSI recipients. This information must be filed in the case record.

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ELIGIBILITY FOR SOCIAL SERVICES

b. Applicants for SSI

The social service worker may initially verify the status of an SSI applicant by a telephone call to the local Social Security Office, but must repeat this procedure at least once every thirty days, until a written verification is received via an SSI Referral Form. The SSI Referral Form must be obtained and filed in the case record.

c. Potential Recipients of SSI

The status of potential SSI recipients may be verified through either of the following means ;

- (1) An MA Identification Card which identifies the person as a recipient of either MA-OAA or MA-DA and includes an effective date. This information must be recorded on the Application Form (SOC-3).
- (2) The service worker must complete the Reimbursement Eligibility Determination Form (SOC-3B) for determining net income and attach this as a supplement to the Application Form which must be filed in the case record. Information which verifies age criteria or the diagnosis of a specific disability must also be filed in the case record.

d. Former Recipients of SSI

Verification of the status of former recipients must be made through an inquiry to the Regional Data Control Unit. The response verifying eligibility must be filed in the case record.

2. Services to Families and Children

a. Applicants for or Current Recipients of AFDC

The status of family members who are applicants for or current recipients of AFDC may be verified through either of the following means:

Chapter I

ELIGIBILITY FOR SOCIAL SERVICES

- (1) An MA Identification Card which identifies the person as a recipient of Medical Assistance and a current AFDC recipient, and includes an effective date, or an MA Letter which identifies the status of the family member as an applicant or current AFDC recipient. This form must be filed in the case record.
- (2) An Informational or Referral Communication Form (SOC-7), which identifies the status of the family member as an applicant or current AFDC recipient, must be obtained from Assistance Payments. This form must be filed in the case record.

b. Former Recipients of AFDC

An Informational or Referral Communication Form (SOC-7), which identifies the status of the family member as a former recipient of AFDC within two years of the date of the application for services, must be obtained from Assistance Payments. This form must be filed in the case record.

c. Potential Recipients of AFDC

The status of potential AFDC recipients may be verified through either of the following means:

- (1) An MA Identification Card which identifies the client as a recipient of MA-AFDC or MA-Under 21 and includes an effective date. This information must be recorded on the Application Form (SOC-3).
- (2) Determination that net income is less than the maximum amount allowed would be computed by the social service worker on the Reimbursement Eligibility Determination Form (SOC-3B), which must be attached as a supplement to the Application Form and filed in the case

Chapter I

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record. A report containing sufficient information to support the determination that the family is in need of social services must also be filed in the case record.

d. Children in Need of Family Foster Care, Group Care, Residential Care, Protective Services, or Adoption Services

Verification of a child's eligibility for these services must involve a comprehensive assessment which would provide sufficient information to identify the child and his immediate situation, the conditions which brought the child to the attention of the Department, current services being provided to the child and family, the services needed by the child, and the basis for that determination. Except in cases of abandonment or emergencies where immediate action must be taken, documentation of need for services must be sought through family members, the courts, collateral contacts, or agency reports. This information must be filed in the case record.

3. Services to Recipients of General Relief

In cases where the person is receiving General Relief and does not meet any of the other eligibility criteria specified above, verification is secured through either of the following means:

- (1) An MA Identification Card which has a coding for General Relief and an effective date. This information must be recorded on the Application Form (SOC-3).
- (2) An Informational or Referral Communication Form (SOC-7), which identifies the status of the individual as a recipient of General Relief, must be obtained from Assistance Payments. This form must be filed in the case record.

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C. Service Plan Development

The social worker and client shall jointly develop the Service Plan. The social worker shall complete the Social Service Plan Worksheet (SOC-5-1) and the Service Plan (SOC-5). These forms shall be filed in the case record.

D. Redetermination of Eligibility

The same forms and procedures used in the determination and verification of eligibility must be utilized for the redetermination of eligibility. The date of redetermination must be recorded on the Service Plan Form and filed in the case record.

CHAPTER II

SERVICES TO FAMILIES AND CHILDREN

Chapter II

SERVICES TO ALCOHOLICS

I. DEFINITION

Services to alcoholics are those social services provided as part of, or in conjunction with, a program of active treatment to individuals determined to be in need of such services. Services include individual and group counseling to facilitate personal, family, or community adjustment, assistance in obtaining education or employment, and other supportive services to strengthen the client's capability for self-support or self-care.

Services do not include any costs of medical care which are reimbursable under Title XIX.

II. ELIGIBILITY

Services to alcoholics are available to applicants for and current recipients of AFDC, former recipients of AFDC, and potential recipients of AFDC, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for services to alcoholics must be redetermined at least every six months. The worker shall update the service plan with the client and verify the client's eligibility for such services. Eligibility for services to alcoholics may be redetermined more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker may provide supportive counseling to the client regarding his need for services to alcoholics, may refer the client to appropriate public or private community resources, and may follow up with the resources to ensure that the client receives the service. Where Department contracts exist with public or private agencies for the provision of such services, the worker shall utilize such contracts as first resources for clients in accordance with the eligibility criteria stipulated in the contracts. Public agencies shall be utilized as resources in preference to private agencies whenever possible.

Chapter II

CHORE SERVICES

TO FAMILIES AND CHILDREN

I. DEFINITION

Chore services include the performance of household tasks, essential shopping, simple household repairs, and other work necessary to enable families to remain in their own homes when parents or other household members are unable to perform such tasks by themselves, and the activities do not require the services of a trained homemaker or other specialist.

II. ELIGIBILITY

Chore services are available to families who are current applicants for or recipients of AFDC. GR recipients will be eligible for chore services if funds are available.

Eligibility of individuals in these groups for chore services is also contingent upon a social or medical diagnosis confirming the need for the service, and authorization of the service can be approved only after consultation between the social service worker and the social service supervisor.

III. REDETERMINATION OF ELIGIBILITY

Continued use of the service will be reviewed as provided by the Social Service Plan, but eligibility must be redetermined no later than 90 days from the date of authorization.

IV. METHOD OF PROVISION

Chore services are provided by a staff member of an agency from which the Department purchases services on a contracted or non-contracted basis, or by an individual secured either by the client or by the social service worker.

The applicant contacts the local social service worker to apply for chore services. After following eligibility determination procedures, the worker documents the need for services in the case record and in the Social Service Plan and includes the number of hours per day, the number of days per week, and the time period for which services are authorized. The written statement by the social worker or a physician verifying the need for chore services is filed in the case record. The social service worker then contacts the agency providing the service or arranges for services with the individual selected by or

Chapter II

CHORE SERVICES

TO FAMILIES AND CHILDREN

IV. METHOD OF PROVISION (cont'd)

for the client. In service areas where contracts exist, those contracts will be considered as resources before non-contracted purchase arrangements.

The client may select a person from the community to perform chore services. This may include a friend, a neighbor, or a relative who does not live in the client's home. If necessary, the social service worker should make efforts through the client's family or community contacts to assist the client in finding the proper person to perform approved chores. Individual consideration of the chore involved will determine the appropriate person to be employed.

Rates for non-contracted purchase from agencies are those established between the Department's Office of Social Services (Central Office) and the agency. Rates for individuals may be authorized at the prevailing hourly rate in the community, depending on the type of chore involved, up to a maximum of \$2.65 per hour, plus transportation costs if transportation is not included in the hourly rate. Public transportation shall be utilized as the first resource (bus or MBTA). Allowance of up to twelve cents a mile may be authorized when a car is used. Transportation costs shall be approved by the supervisor. Chore service rates should be less than the homemaker service rates prevailing in the community.

Chapter II

DAY CARE SERVICES

The Department of Public Welfare is mandated to provide day care services for children by Chapter 18 of the General Laws of the Commonwealth of Massachusetts. In addition, Title IV-A of the Social Security Act guarantees Federal reimbursement to the states when they provide day care services, as defined in the Code of Federal Regulations, Chapter 45. Such services must be in compliance with the Federal Interagency Day Care Requirements.

In accordance with Federal regulations, the Department has defined the day care services which will be purchased for or provided to eligible clients. Through the Central Office Purchase of Service Unit, the WSO/CSC and Regional Offices, the Department purchases day care services from public and private agencies. Services provided directly by the Department include information, referral, and assistance in obtaining day care services.

DEFINITION OF SERVICES

Day Care Services - a comprehensive and coordinated set of activities providing direct care and protection of infants, pre-school, and school-age children inside or outside their own homes during a portion of a 24-hour day or night on a regular basis. Comprehensive services include, but are not limited to, educational, social, health, and nutritional services, and involve parent participation. Such services require provision of supporting activities including administration, coordination, admissions, training, evaluation, and transportation.

The decision as to the type of day care to be used rests with the child's parent(s) although it is the responsibility of the appropriate Department staff person to provide consultation and assistance in making this decision. The day care service selected must be in compliance with the Department's policy of using licensed or approved facilities. Availability of resources in any given area is a factor in the final decision.

Types of Day Care Services for Children

1. In-Home Care

In some situations, children may best be cared for in their own homes. In these cases, a person who has been evaluated by the local service worker and deemed qualified would supervise and care for the children during the parent's absence for part of the day or evening.

Licensing is not required when care is being given in a child's own home. The Department has developed standards for in-home care as mandated by the Federal Interagency Day Care Requirements (see Appendix B). Form attached to Appendix B for evaluating the person giving care for each in-home arrangement will be completed by the Department worker making the placement.

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DAY CARE SERVICES

2. Out-of-Home Care

Out-of-home care is the provision of direct care and protection, and physical emotional, intellectual, and social developmental services for children for a substantial part of the day, usually in a community-based facility.

a. Family Day CareFamily Day Care Home

Family day care is provided to a child in the home of another family. It is most appropriate for children who are under three years of age, sibling groups, or children needing out-of-school care. Family day care can be rendered independently, or it can be provided in a system of homes (see below). A family day care home may service no more than six children, and no more than five when the age range is infancy through six including the family day care mother's own children. There can be no more than two children under two years of age. The Department must insure that all homes used by the Department are either licensed or approved. (see Appendix A)

Family Day Care System

A family day care system is comprised of two or more family day care homes administered by a central agency. Such a system offers coordinated intake and placement, centralized fiscal control, on-going training and evaluation, social services, nutrition and health services, and other supportive services.

b. Group Day Care

Group day care serves children between the ages of two years six months and seven years. It utilizes subgroupings on the basis of age and developmental needs but provides the opportunity for the experimentation and learning that accompanies a mixing of ages. Group day care activities focus on the child's physical, social, emotional, and intellectual development through the use of structured group and individual programs.

c. Infant Day Care

The infant day care center serves children ages one month to two years six months in a nonresidential setting. The care available approximates the mothering in the family home.

d. After-School Day Care

The after-school day care center provides services to children ages seven to fourteen years. Services are provided for the hours after

Chapter II

DAY CARE SERVICES

school until the parent or caretaker returns home, and full day during school vacations. The center may provide before school care if the principal caretaker has to leave home early. Activities that are recreational, tutorial, and extra-curricular can be provided in this setting.

e. Day Camp

The day camp provides services to children from seven to fourteen years of age on summer vacation from school. The Department will participate in payment to summer camps only for those children eligible for day care services for whom appropriate day care facilities are not available.

f. Mixed Systems

This combines two or more types of care described above. It has the value of providing a central intake system that can place a child in the most appropriate setting.

ELIGIBILITY CRITERIA

The Department will provide day care services for families who are current, former and potential recipients of AFDC assistance payments as defined below; and to children determined to be in need of social services because of serious physical or emotional injury resulting from abuse inflicted upon a child including sexual abuse; or a serious physical or emotional injury resulting from neglect, including malnutrition; or physical dependency of a child upon an addictive drug at birth without regard to financial eligibility.

Definition of current, former, and potential recipients of AFDC:

Current -- Families who are current recipients of AFDC assistance payments, or who have made application for AFDC and have not yet received approval or denial of such application.

Former -- Families who have received AFDC assistance payments within the past two years.

Potential -- Families who are likely to become applicants for, or recipients of, AFDC assistance payments within five years, i.e.,

1. those whose annual gross or net income does not exceed the levels below, and
2. those who have a specific problem or problems which are susceptible to correction or amelioration through provision of services and which will lead to dependence on AFDC financial assistance within five years if not corrected or ameliorated.

<u>Family Size</u>	<u>Income Cut-Off Levels</u>	
	<u>Annual Gross Income</u>	<u>Annual Net</u>
2	\$ 7,300	\$ 4,900
3	8,900	6,000
4	9,900	7,000
5	10,900	7,790
6	11,900	8,900
7+	13,000	9,800

Chapter II

DAY CARE SERVICES

Day care services shall be available to the following:

1. Children determined to be in need of social services because of serious physical or emotional injury resulting from abuse inflicted upon a child including sexual abuse; or a serious physical or emotional injury resulting from neglect, including malnutrition; or physical dependency of a child upon an addictive drug at birth.
2. Participants in the Work Incentive Program.
3. Current AFDC recipients:
 - who are employed, are in an employment training program, or are seeking employment (day care services for people seeking employment shall be authorized for a period not to exceed three months to be reviewed monthly);
 - who need day care services due to the death, absence, or physical or mental incapacity of the child's mother and the inability of any other family member living in the household to provide proper care for children; including day care services which are necessary to prevent the neglect or abuse of a child as a result of home conditions which seriously threaten the child physically or emotionally;
 - when day care services are necessary to meet the special needs of a physically, developmentally, or emotionally disabled child.
4. Former AFDC recipients who received assistance within the previous two years when day care services are necessary:
 - to enable the parent to remain employed, or to participate in an employment training program, or to seek employment or training, (day care services for people seeking employment shall be authorized for a period not to exceed three months to be reviewed monthly);
 - due to circumstances of death, absence or physical or mental incapacity of the child's mother and the inability of any other family member living in the household to provide proper care for children, including day care services which are necessary to prevent the neglect or abuse of a child as a result of home conditions which seriously threaten the child physically or emotionally.
5. Potential AFDC recipients when day care services are necessary:
 - to enable the parent to remain employed, or to participate in an employment training program, or to seek employment or training, (day care services for people seeking employment shall be authorized for a period not to exceed three months to be reviewed monthly);

Chapter II

DAY CARE SERVICES

-- due to circumstances of death, absence or physical or mental incapacity of the child's mother and the inability of any other family member living in the household to provide proper care for children, including day care services which are necessary to prevent the neglect or abuse of a child as a result of home conditions which seriously threaten the child physically or emotionally.

6. Current, former and potential AFDC recipients who have been diagnosed as mentally retarded, when specific services for them are available.

No eligible client may be removed from a day care program to make services available for any other client. In addition, no eligible client may be transferred to a different program without the consent of his parent or guardian.

A WIN enrollee may be carried as a WIN participant for 90 days after termination of the training program.

Age Limits

Children from infancy until full-time school entry may be served on a full-time basis.

Children from full-time school entry up to the age of 14 may be served before or after school hours and during vacation.

Children with special needs up to the age of 18 may be served on a full or part-time basis.

CONTRACTED DAY CARE SERVICES

It is the policy of the Department to purchase day care services for families with children who are eligible for such services (see Eligibility Criteria) through contractual arrangements with licensed day care providers throughout the Commonwealth. Contracts are awarded based on the need for day care services in a particular geographic area, quality of service offered, availability of funds, and the recommendations of the local Office for Children Council.

Central Office Responsibilities

1. Development of standardized policy and procedures for purchase of day care services.

Chapter II

DAY CARE SERVICES

2. Assessment of statewide need for services based on recommendations from local councils and Regional and WSO/CSC staff.
3. Negotiation of contracts with providers. This includes programmatic content and determination of allowable costs.
4. Review and approval of all client eligibility determinations.
5. Monitoring for contract compliance; evaluating to assure provision of quality service.
6. Coordination with local OFC councils for children and Regional and WSO/CSC staff.
7. Development of standardized contracts and reporting forms necessary to assure program accountability, compliance with Federal regulations and State policy, and substantiation of invoices for services rendered.
8. Technical assistance to appropriate State and provider agency staff on the implementation of departmental policy and procedures.

NON-CONTRACTED DAY CARE SERVICES

Non-contracted day care services for eligible clients (as defined under Eligibility Criteria) may be purchased by local and regional offices when such purchases are authorized for one or more of the following situations:

1. All contracted services or slots within the same geographic area are filled.
2. No contracted services of the type requested by the client and deemed appropriate by Departmental staff are available in the same geographic area.
3. Specialized services are needed and are not available in any contracted day care program.
4. Short-term services for a time-limited period for a specific reason are necessary. Short-term day care services on an in-home or out-of-home basis may be authorized for eligible persons on a one-month basis, not to be renewed beyond three months.

It is the responsibility of the Welfare office to determine that no spaces are available through contracted programs before authorizing non-contracted arrangements, and to verify this fact directly with the contracted agency(s) when appropriate.

Chapter II

DAY CARE SERVICES

Day care may be purchased from the following types of service providers:

1. licensed day care centers
2. in-home care providers, when such care meets the standards outlined in Appendix B and is in accordance with the schedule of fees outlined in Appendix C
3. family day care homes, when such care meets the standards outlined in Appendix A, or is licensed by the Office for Children
4. family day care systems
5. day camps - camping arrangements may be made for children ages 7 - 14 for whom no other appropriate arrangements can be made when public schools are not in session. Day camps shall meet all local health standards as well as applicable portions of the Federal Interagency Day Care Requirements. It is the responsibility of the Department worker making the day camp placement to assure that these standards are met.

All approvals for non-contracted day care services must be signed by the appropriate welfare office supervisor.

Once a placement is made, the child may remain in a non-contracted center even if a contracted slot becomes available in another center. However, if the parent chooses to do so, transfer to a contracted slot is permissible.

Any child in a non-contracted slot within a contracted center must be moved into a contracted slot within that center when it becomes available.

The assigned social worker at the WSO also must notify the child care provider in writing before authorization for a placement is withdrawn for any reason, even temporarily (e.g., during a parent's vacation). It is the responsibility of the WSO, and not the client, to notify the provider of withdrawal of authorization.

Central Office Responsibilities

1. Establishing rates of reimbursement contingent upon approval by the Rate Setting Commission for non-contracted group day care programs in accordance with Rate Setting Commission regulations.
2. Programmatic evaluation of non-contracted centers.

Chapter II

DAY CARE SERVICES

LICENSING AND APPROVAL

The Department will purchase services only from those day care agencies or providers which:

1. are in compliance with the Federal Interagency Day Care Requirements,
2. (a) have an effective license, or
(b) are approved as meeting licensing standards if a license is not required.

Infant, toddler and pre-school day care centers and family day care homes are required by law to be licensed. Under the provisions of Chapter 28A of the General Laws, the responsibility to set standards for and license day care facilities is vested in the Office for Children.

Day Care Centers

In addition to licensing regulations established by the Office for Children, day care centers must comply with all applicable local ordinances and standards.

The Office for Children will not license day care centers which operate:

1. as part of a public school system
2. as part of a private school serving children up to and including third grade
3. as a cooperative arrangement among neighbors or relatives where there are no hired personnel and participating parents share the responsibilities of providing care

However, the Department must approve day care centers which fall within these categories when they are being used by the Department for the provision of day care services.

Family Day Care Homes

The Office for Children will not license, and the Department must approve family day care homes which it uses that provide:

1. a cooperative arrangement in a private residence where there are no hired personnel and participating parents share the responsibilities of providing care
2. an arrangement where the person providing care does not advertise or make known to the community at large the availability of such care and provides care only for neighbors or relatives

Chapter II

DAY CARE SERVICES

3. when care is given by a person on an occasional rather than on a regular basis. Occasional is defined as:
 - a. care occurring not more than once within a two-week period.
(time limit indefinite)
 - b. care (non-residential) which terminates not more than 60 days
from the initial day of placement

Provisions for these exceptions is made in Chapter 28A, the Act establishing the Office for Children. The Office for Children is responsible for evaluating all licensable family day care homes and issuing all licenses to homes which meet licensing standards.

Family day care homes which must be licensed shall be referred directly to the Office for Children.

In situations where family day care homes are not considered to be licensable under the Office for Children definitions, the social worker making the child care arrangement at the WSO is responsible for approving the arrangement. The form attached as Appendix A will be the standard form to be used by the WSO. The local WSO social worker must notify family day care mothers that a license may be required.

In-Home Care

In cases where care is provided for children in their own home, no license is required. However, the social worker making the child care arrangements at the WSO is responsible for approving the arrangement. The form attached to Appendix B will be the standard approval form to be used by the WSO.

Each WSO and Regional Office will be responsible for establishing and maintaining a current day care resource file which will include evaluations of in-home and family day care providers.

Expiration and Renewal

The purchase of day care services by the Department requires that day care centers and family day care homes have a valid license issued by the Office for Children. The Department will not contract or purchase service from an agency without a valid license.

The existence of a license is determined by the Office for Children in accordance with its rules, regulations, policies and procedures. It is the policy of that Office to consider a timely application for renewal of a license to have the effect of continuing the existing license until such application is acted upon.

Chapter II

DAY CARE SERVICES

If a license renewal is denied, or if a license is suspended or revoked, no payment will be made from the date of expiration, suspension or revocation. If a contract is involved, it will be deemed null and void, and the day care provider must make alternative arrangements to serve Department clients.

It is the responsibility of the day care provider to make arrangements with the Office for Children sufficiently in advance to facilitate prompt license renewal.

MEDICAL REQUIREMENTS

All children, prior to their enrollment in any day care program, must receive a comprehensive health examination in accordance with regulations set by the Federal Interagency Day Care Requirements and Departmental guidelines. Further, the day care program should direct efforts towards securing a continuing source of medical care services.

The 1967 Amendments to Title XIX of the Social Security Act require the Department to provide certain minimal services to all Medicaid-eligible clients from 0-21 years. These services comprise the Early and Periodic Screening - Diagnosis and Treatment Program (EPSDT). The Department is committed to the delivery of high quality comprehensive health care which is inclusive of and goes beyond these minimal services listed in the Amendments. The day care program provides a strong mechanism for directing efforts towards the delivery of such primary pediatric care.

The Department has contracted with medical providers to provide such health care to Medicaid-eligible children. It is the responsibility of the Central Office Purchase of Service Unit of the Department to give day care providers and every WSO/CSC lists of EPSDT providers with whom the Department's Medical Assistance Unit has contracted. When an approved provider of EPSDT is available in the area that provider must be used as a first resource to provide these services to Medicaid-eligible day care clients. When an approved provider of EPSDT is not available, comprehensive health examinations should be completed by a physician.

TRANSPORTATION

Transportation is often a necessary adjunct to day care services, since such programs cannot always be located within walking distance of the family requiring the services. Cost of transportation should be reasonable and adequate.

Transportation is usually provided by contracted day care programs which service a wide geographic area and is part of the budgeted cost. If transportation is part of the budgeted cost in the contract, a Department worker shall not authorize any additional money for transportation.

Chapter II

DAY CARE SERVICES

A Department worker when referring a client for day care must consider the transportation need that would be required by the client, and make appropriate recommendations. Transportation costs can be paid to a day care provider as part of a tuition charge.

Clients choosing service in a day care agency that is more distant than a day care agency recommended by a worker will be responsible for paying transportation costs incurred by this choice.

Babysitters and family day care homes, not under contract with the Department, may receive additional payment above prevailing rates, for transportation costs incurred, when such costs are reasonable and adequate and can be documented.

Public transportation shall be utilized as the first resource (bus or MBTA). Allowance of up to twelve cents a mile may be authorized when a car is used. Transportation costs shall be approved by the supervisor.

APPENDIX A

RULES AND REGULATIONS FOR OPERATING A FAMILY DAY CARE HOME
UNDER THE PROVISIONS OF CHAPTER 28A SECTION 10 OF THE GENERAL
LAWS

OFFICE FOR CHILDREN

APPENDIX A

Rules and Regulations for Providing Day Care for
Children Under the Provisions of Chapter 28A of the
General Laws

OFFICE FOR CHILDREN

- A. Application
- B. Permit
- C. Records and Reports
- D. The Premises
 - 1. Location
 - 2. Maximum number of children
 - 3. Building and premises
 - 4. Water supply
 - 5. Rooms used by children
 - 6. Equipment
 - 7. Space
 - 8. Restrictions of care
 - 9. Household
 - 10. Day-care parent
- E. Health Supervision
 - 1. Medical examination
 - 2. Immunization
 - 3. Nutrition
 - 4. Ill child
 - 5. Exposure to communicable disease
 - 6. Emergency care
 - 7. Medication

APPENDIX A

A. Application:

1. An applicant for a permit to provide day care to children in his home, under provisions of Chapter 28A, Section 10 of the General Laws, must submit to the Office for Children a completed signed application on a form provided by the Department.
2. The applicant must cooperate in the study to determine his suitability to provide day care for children.

B. Permit:

1. The permit will state the name of the person to whom the permit is issued, the premises where the permit applies, the maximum number of children that may be cared for at one time, the date of issue and of expiration of the permit and the permit number.
2. All permits are the property of the Office for Children and shall be returned to the Office for Children when renewed, discontinued or revoked.
3. The permit shall apply only to the premises in which the care is provided at the time the permit is issued, is not transferable, and shall expire one year from the date of issue.
4. The permit must be available, particularly to parents seeking the services of a day care home.
5. When the service is advertised in the newspapers, the permit number must be included in such advertisement.
6. When it is necessary to revoke a permit or upon failure to renew such permit, the applicant or day care mother must be given written notification as to the reason for the refusal to renew or revocation of permit and may appeal to the Office for Children.

C. Records and Reports:

1. Every person who receives any child under a permit issued by the Office for Children must keep a record of each child in a register provided by the Office for Children and keep other records as prescribed by the Office for Children. The information should be revised as frequently as necessary to keep the records up to date. Such register and records must be accessible and available at all reasonable times to any authorized representative of the Office for Children.

APPENDIX A

2. Such other reports as the Office for Children may require must be submitted on Forms provided by the Office for Children.

D. The Premises:

1. Location: The facility must be free from conditions hazardous to the health and safety of the children and reasonably accessible to the parents.
2. Maximum Number of Children: The number and ages of children allowed in a home will depend upon the physical accommodations and space in the home; the physical strength, skill and capacity of the day care parent and her ability to deal with children of different ages; the availability of help, and the need for infants to have individualized care and shall not exceed the number approved by the Office for Children.
3. Building and Premises:
 - a. The premises must conform with the applicable State Laws and local ordinances of health, sanitation and safety as determined by the Department.
 - b. The home must be of adequate construction, repair, use and egress. Doors and windows must be screened for summer. Stairways must be adequately lighted and protected.
 - c. The home and premises must be kept in a clean, sanitary and hazard-free condition.
4. Water Supply: If the water supply is from a well, it must be tested and approved by the Department of Public Health.
5. Rooms Used by Children:
 - a. Rooms used by children must have adequate sunlight, proper lighting, heating and ventilation and be located on floor levels having two exits. Where buildings are of construction known and described as Class 1 and Class 2 under Regulations of the Department of Public Safety, exit requirements may be determined by the Department.
 - b. Sleeping rooms for children must be above the ground level but not above the second floor unless there are two stairways and an adult is in attendance; must have natural light and ventilation with one or more windows; at least two feet of space separating each bed, cot or crib, with allowance for fifty square feet for each child and with no more than three children in one room.

APPENDIX A

6. Equipment

- a. The home must have a telephone for use in emergency situations.
- b. Toilet and bathing facilities must be in the home and adequate to the use of the children.
- c. Stoves, heating and electrical appliances, firearms and tools, sharp pointed and sharp-edged instruments, poisons and other potentially dangerous articles and substances must be safeguarded for the adequate protection of the children. The use of oil burning space heaters is prohibited.
- d. Each child whose age and development require periods of sleep or rest must be provided with an individual bed, cot or crib, suitable to the needs of the individual child and individual bedding suitable to the season. For infants under eighteen months, a crib with sides must be used. Family beds may be used, if adequate clean covering is provided.
- e. Individual toilet articles must be provided each child and provision made to keep all toilet articles separate.
- f. Toys and materials for indoor and outdoor play, appropriate to age, growth and development needs of the child must be provided.

7. Space:

- a. Each child must be provided with space for his individual clothing and personal possessions.
- b. Adequate and suitable indoor and outdoor play space must be provided.

8. Restrictions of care: The facility providing care must not combine with any other service, including foster home care, acceptance of group day care, or any other business or service, nor shall the day care parent leave the home for employment during the hours she has children under care.

9. Household:

- a. Members of the day care household must be of reputable character.

APPENDIX A

these immunizations are not to be done, the statement must include the reason for such exemption. This certificate must be renewed annually.

- b. In addition, the physician's certificate of medical examination must include a written record of the examination, measurement of height and weight, recommendation for needed medical treatment, and special requirements as to diet, rest, and other care.
 - c. The physician's certificate must also state the presence of any condition affecting the general health of the child, or any handicap, and shall include any suggestions that will be helpful to the day care parent and the child's parents.
2. Immunizations: Children over three years of age, upon admission to the facility, who have been immunized against whooping cough, tetanus, and diphtheria more than two years prior to admission must receive a booster dose against these diseases prior to admission or immediately thereafter unless such prophylaxis is considered contra-indicated on medical grounds.
3. Nutrition: Well-balanced meals, and mid-morning and mid-afternoon snacks must be planned for with the child's daily food needs in mind so as to complement the meals served in the child's own home.
4. Ill Child: Special care as needed must be provided to a child who becomes sick during the day. This care must include separate and comfortable bed space apart from the other children until arrangements are completed for his removal.
5. Exposure to communicable disease:
 - a. The day care parent must notify all parents of children accepted for care when a reportable communicable disease has been introduced into the home.
 - b. The readmission of a child recently recovered from any communicable disease must be in accordance with the communicable disease regulations of the State Department of Public Health.
6. Emergency care: The name, address, and telephone number of the family physician of every child, together with the parent's written permission to call a physician and to act in behalf of the parent when the parent cannot be reached and/or delay would be dangerous must be on file to protect the child in case of sudden illness or accident.
7. Medication: No medication is to be given a child except upon the written prescription of a registered physician.

APPENDIX A

CHILD CARE EVALUATION FORM

DATE: _____

IDENTIFYING INFORMATION

NAME: _____ ADDRESS: _____ TELE: _____

Number of children cared for during day: Yours: _____ Others: _____
Number of these children seven years of age and older: Yours: _____ Others: _____

IF ANSWER TO ANY QUESTION IS <u>NO</u> , EXPLAIN UNDER COMMENTS	YES NO		COMMENTS
	YES	NO	
1. Are all members of household in good health and free from communicable disease?			
2. Are nutritious meals and snacks provided?			
3. Adequate housekeeping standards?			
4. Condition of Property - safe and sanitary?			
5. Hazardous conditions surrounding premises (busy street, broken glass, etc.)?			
6. Adequate space for the number of children?			
7. Adequate exits in case of emergency (two exits)?			
8. Adequate heat, light, and ventilation (Oil burning space heaters not allowed)			
9.- Safeguards at hazardous windows, stairways, and openings?			

	YES	NO	COMMENTS
10. Sharp pointed instruments, medicines, detergents, or any other potentially dangerous objects out of way of children?			
11. Adequate toilet facilities?			
12. Telephone?			
13. Adequate sleeping facilities (cribs for younger children)?			
14. Adequate adult supervision for the number of children?			
15. Does this woman appear to understand and respect the individual personalities and needs of children?			
16. Do you recommend that this home be approved for the care of children?			

SOCIAL WORKER _____

APPENDIX B

STANDARDS FOR IN-HOME CARE

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

APPENDIX B

In some situations, some children may be best cared for in their own homes. In these cases, a qualified person would supervise and care for the children during the parent's absence for part of the day or evening.

A. Qualifications of Person Providing In-Home Care

(1) Personal Qualities

The person providing in-home care must be a mature individual who has demonstrated an interest in children and a sensitivity to their needs. The person must be warm and understanding and be able to deal positively with differences in children's personalities and abilities. Such individuals must be of sound moral character, physically and mentally capable of performing the tasks involved in the care of children, and must also be free of contagious disease.

(2) Age

The person providing in-home care should be considered on an individual basis and in relation to the ages of the children to be cared for. In most instances, she should be between the ages of eighteen and sixty years. In those cases where all of the children are in school for most of the day and care or supervision of a short duration is required following the close of school and the return of the mother, those children in the family who are over sixteen may be considered appropriate to provide care of this limited nature.

(3) Appearance

The person should be neat in appearance and well groomed as an example to the children in carrying out their own regular physical care and personal hygiene.

(4) Flexibility

This person must be able to adjust to the standards and routine of the family and to maintain, as closely as possible, the daily activities to which the children are accustomed. She must be able to give individual attention to each child as needed. Recognizing the attitude of the family and the wishes of the parent, she should handle discipline without corporal punishment and supervise daily activities and recreation. She must respect the privacy and rights of the family and be accepting and non-judgmental.

APPENDIX B

B. Duties of Person Providing In-Home Care

(1) General Care

Her primary duty and responsibility is the care and well being of the children which includes supervision of their personal hygiene.

In addition, she must be willing to perform light housekeeping tasks essential to the care and comfort of the children, such as preparing well-balanced meals and after school lunches.

(2) Health

She must be alert to illnesses of children and in the case of minor illness provide simple bedside care. She must have readily available the name of the family physician and signed permission of the parent to have a child treated by a licensed physician in case of an emergency. She must not give medication without the consent of the parent.

(3) Cooperation

She must be willing to share significant information and co-operate with the parent and social worker. She must be willing to participate in any training or educational program recommended or sponsored by the Department to assist her in providing the most suitable care possible to the children for whom she is responsible.

(4) Record Keeping

She must be willing to maintain whatever records are deemed necessary.

APPENDIX B

IN-HOME CARE EVALUATION FORM (Revised)

Name of Provider:

Address:

Telephone:

Age:

Name and Address of Parent(s) for Whom Service is Provided (if applicable):

Instructions: In filling out the following questions, use as much first-hand information as possible.

- (1) Does the person have any children of his or her own? _____
Ages:
- (2) Has the person ever provided child care on a regular basis before?
_____ If so, of what type (babysitting, day care, teaching, etc.):
For How Long?
- (3) How does the person exhibit knowledge of the stages of childhood development?
- (4) How does the person display understanding and respect for the individual personalities and needs of children?
- (5) How does the person enforce discipline?
- (6) What sort of activities would the person plan for a typical day?
- (7) Does the person understand the importance of providing nutritious meals and snacks? _____ Describe typical meals (breakfast, lunch, dinner, snacks) for a day:

APPENDIX B (cont'd)

- (8) Does the person exhibit some knowledge of childhood illnesses and their care? _____ (Emphasize that no medication is to be given without parental permission.)
- (9) Is this person free of any communicable diseases and in good physical health? _____

If care already is being provided, answer the following:

- (1) Names and ages of children being cared for now?
- (2) When were the children first placed?
- (3) Would the person be available for further placements? _____
If so, how many? What age group? For what hours?
- (4) Does the person have the name of the child's family physician on hand? _____
- (5) Does the person have signed parental permission to have the children treated by a licensed physician in case of an emergency? _____

If care is not yet being provided:

- (1) How many children would the person prefer to care for? _____
- (2) What age group would the person prefer to care for? _____
- (3) What hours is the person available for care?
- (4) Have you explained the importance of the medical information mentioned in (4) and (5) directly above? _____

APPENDIX B (cont'd)

Comments:

_____ Approved for future placements

_____ Not approved for future placements

_____ Date _____
Worker's Signature

APPENDIX C

A. Fee Schedule for In-Home and Independent (not under a family day care system) Family Day Care Homes:

Child care services may be provided in client's own home or outside of the home within the community. The sitter is to be reimbursed at a rate of \$.65 per hour for the first child and \$.40 per hour for each additional child cared for. This applies to in-home or out-of-home care.

B. Day Care Centers--Infant, Pre-School and After-School:

The Department will pay at the rate charged the general public. (This rate must include all services provided the general public.) The agency must certify that the rate being charged the Department does not exceed the rate being paid by the general public. If a day care center has a sliding fee scale, the Department will pay the rate which corresponds to the rate that would be charged based on that family's income. In no event will a rate exceed the maximum rate for day care services established by the Rate Setting Commission.

C. Family Day Care Systems:

The Department will pay at the rate charged the general public. The rate will include the cost of the payment to the family day care parent and support services and administration. In no event will payment to the family day care mother exceed the rates for independent family day care homes (above).

Chapter II

SERVICES TO DRUG ADDICTS

I. DEFINITION

Services to drug addicts are those social services provided as part of, or in conjunction with, a program of active treatment to individuals determined to be in need of such services. Services include individual and group counseling to facilitate personal, family, or community adjustment, assistance in obtaining education or employment, and other supportive services to strengthen the client's capability for self-support or self-care.

Services do not include any costs of medical care which are reimbursable under Title XIX.

II. ELIGIBILITY

Services to drug addicts are available to applicants for and current recipients of AFDC, former recipients of AFDC, and potential recipients of AFDC, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for services to drug addicts must be redetermined at least every six months. The worker shall update the service plan with the client and verify the client's eligibility for such services. Eligibility for services to drug addicts may be redetermined more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker may provide supportive counseling to the client regarding his need for services to drug addicts, may refer the client to appropriate public or private community resources, and may follow up with the resources to ensure that the client receives the service. Where Department contracts exist with public or private agencies for the provision of such services, the worker shall utilize such contracts as first resources for clients in accordance with the eligibility criteria stipulated in the contracts. Public agencies shall be utilized as resources in preference to private agencies whenever possible.

Chapter II

EDUCATIONAL SERVICES

I. DEFINITION

Educational services are provided to assist individuals in obtaining education or vocational training in accordance with their abilities. Services include: counseling regarding educational needs and appropriate educational goals; assistance in identifying and overcoming barriers to the attainment of these goals; arranging for educational screening, evaluation, and testing; referral to appropriate educational or training programs; assistance in arranging for tutorial help or other specialized educational services necessary to remove impediments to learning; referral to specialized educational services or vocational programs where such services are necessary to overcome barriers to future economic independence; referral to other social services for which the client is eligible.

II. ELIGIBILITY

Educational services are available to applicants for and current recipients of AFDC, potential recipients of AFDC, former recipients of AFDC, and families and children in the Department's child welfare program, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for educational services must be redetermined at least every six months. The worker shall update the service plan and verify the client's eligibility for educational services. Redetermination of eligibility may occur more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker will provide information, referral, and follow-up regarding educational services to eligible clients, and may also provide counseling regarding the client's educational goals and possible methods of overcoming barriers to the attainment of those goals. The worker may not authorize payment for any educational services on a non-contracted basis except for clients who are WIN participants or for children in the custody of the Department (i.e., children who have been taken into the custody of the Department in accordance with the provisions of Chapter 119 of the General Laws). (See WIN and Assistance Payments policies on education.)

Where Department contracts exist for educational screening, testing, or other educational services appropriate to the client's needs, the worker shall utilize these contracts as first resources for clients in accordance with the eligibility criteria stipulated in the contract.

Chapter II

EDUCATIONAL SERVICES

The worker may authorize payment for educational services (tutoring costs, tuition, etc.) for children in the custody of the Department (i.e., children taken into the custody of the Department in accordance with the appropriate provisions of Chapter 119 of the General Laws). The worker may authorize tutoring costs, educational testing and other education-related services with supervisory approval. The worker may authorize payment of tuition with supervisory approval if the program has been approved for use by Department staff and a rate has been established. If the educational program has not been approved for regular use and no rate is established the worker must secure the approval of the Associate Regional Administrator for Social Services who must then submit the request to the Office of Social Services (Central Office) for a final decision. No payment may be authorized for tuition for higher education without the approval of both the Associate Regional Administrator for Social Services and the Office of Social Services (Central Office).

Chapter II

MRC-DPW EXPANSION PROJECT

I. DEFINITION

The MRC-DPW Expansion Project is a 3-year federally-funded program initiated in 1972 to provide a concentrated and cooperative effort between the Massachusetts Rehabilitation Commission and the Department of Public Welfare with the goal of self-support for AFDC recipients.

The services offered to the eligible client consist of:

- A. Evaluation
- B. Counseling and Guidance
- C. Physical and Mental Restoration
- D. Training
- E. Job Placement

The vehicle for this concentrated effort is the DPW social worker and the MRC counselor working as a team to provide all the supportive and vocational counseling and maintenance needs of the client while he is involved in the MRC program. The project goals mandate a close interaction between designated social worker and counselor teams for the benefit of the client to realize his full potential of self-fulfillment and self-support.

II. ELIGIBILITY

To be eligible for the project the client must:

- A. be a recipient of AFDC
- B. have a significant physical, mental or emotional disability
- C. have a disability constituting a significant impediment to employment
- D. have a reasonable expectation that with vocational rehabilitation services he will realize the goal of self-support through employment.

All WIN exemptees are mandatory referrals to MRC but acceptance of MRC services is voluntary.

III. REDETERMINATION OF ELIGIBILITY

Under the separated system, the client remains eligible for services as long as he is a participant in an MRC Expansion Project. Communication between counselor and social worker will insure the continuation of on-going service and program participation.

Chapter II

EMPLOYMENT SERVICES

I. DEFINITION

Employment services are provided to assist persons to achieve employment and economic self-sufficiency. Such services include but are not limited to: exploring with the client his interests and potentials for self-support; counseling with the client to deal with individual, family, or community barriers which prevent or limit him in his use of training and employment opportunities; providing for referral to and use of public and voluntary agencies in the fields of vocational rehabilitation, health, education, and employment including special attention to the capabilities of rehabilitation centers and workshops, community action agencies, neighborhood centers, and similar organizations; providing for general and specialized diagnostic assessments of health, learning, and other limitations that prevent involvement in employment or training; making arrangements for the provision of other defined social services provided that the clients meet the Department's eligibility criteria for the specific services and such services are a necessary part of the service plan.

II. ELIGIBILITY

Employment services are available to applicants for and current recipients of AFDC, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Redetermination of eligibility for employment services is made at least every six months. The social worker shall update the service plan with the client and verify the client's eligibility for employment services. Redetermination of eligibility shall occur more frequently if the service plan so indicates.

IV. METHOD OF PROVISION

A Department social worker shall provide counseling services to a client who requests such services if such counseling relates to the client's employment status. He shall refer persons to the WIN or MRC Units, when appropriate. (See WIN and MRC.) He may also refer the client to an appropriate agency for diagnostic, training, or employment purposes.

He may authorize payment for other defined social services provided that the client meets the Department's eligibility criteria for the specific services and such services are a necessary part of the service plan.

Chapter II

MRC-DPW EXPANSION PROJECT

IV. PROCEDURES

A. Social Service Referrals

The screening and referral process is of paramount importance to the success of the project. In addition to the mandatory WIN exemptee referrals, service workers should screen their caseloads to develop a source of potential MRC participants. Those candidates that express interest in the program should be referred to the MRC Specialist along with a basic medical form and a referral form AP-2. The social worker and counselor will then make a joint team appraisal of rehabilitation potential and accept or reject the application. Once the client has been accepted as an MRC participant, the team of social worker and counselor shall work together to remove all barriers to the achievement of the client's goal of self-support, including making visits between the two agencies, conferences between the client and the team, a two-way flow of inter-agency material, and in general a sharing of both agencies' resources and personnel. The Inter-agency Agreement, incorporated in the Project Guidelines, defines the responsibilities of each agency and their personnel as follows:

Massachusetts Rehabilitation Commission

1. Vocational counseling and guidance including supervision while undergoing rehabilitation process
2. Diagnostic medical and special examinations and services for use by the MRC to establish eligibility
3. Assistance in securing job placement
4. Suitable courses of training in public or private trade schools: (technical, agricultural, commercial) colleges: on-the-job training: correspondence courses: or tutoring
5. Books and training supplies
6. Transportation relating to training
7. Tools, equipment and licenses as necessary for employment
8. Follow-up after rehabilitation status

Department of Public Welfare

1. Medical services (Assistance Payments)
2. Maintenance (Assistance Payments)
3. Transportation to medical services (Assistance Payments)
4. The provision of social and medical information on referred clients (Social Services)
5. The provision of casework on personal and family problems (Social Services)
6. Participation in making plans with vocational counselors and other cooperating agencies (Social Services)

Chapter II

MRC-DPW EXPANSION PROJECT

IV. PROCEDURES (cont'd)

B. Assistance Payments Referrals

1. Referrals can also be made from the Assistance Payments worker on a voluntary basis. The MRC Specialist should be in communication with the AP worker to encourage appropriate voluntary referrals to MRC.
2. All mandatory referrals (WIN exempted due to incapacity) will be referred directly to the MRC Project site from Assistance Payments.

C. Statistical Reporting

Each month it is required that the Expansion Project social worker submit a report to the DPW coordinator on case status of referrals. These reports from each project site are then consolidated into one master report broken down by Welfare Office, and Region, and then tabulated on a statewide basis. The information is then returned to the project sites with duplicates sent to each Regional Office.

Chapter II

WIN PROGRAM SERVICES

I. DEFINITION

The Work Incentive Program (WIN) is a work and training program for AFDC recipients to assist them in obtaining employment and economic self-sufficiency.

On the Federal level the program's sponsors are the Department of Health, Education & Welfare (HEW) and the Department of Labor (DOL). On the State level sponsors are the Department of Public Welfare (DPW) and the Division of Employment Security (DES).

The Welfare Department has responsibility for the supportive services the individual may need in order to participate in work or training. The Division of Employment Security is responsible for all manpower services.

Title IV, Part C of the Social Security Act requires a close-working relationship between social service staff in the Department and their DES/WIN counterparts. To insure this relationship, the legislation calls for the Welfare Department to establish Separate Administrative Units (SAU's) within the Department, at all levels, whose staff will work with their DES/WIN counterparts in planning WIN program implementation.

WIN SUPPORTIVE SERVICES

The provision of supportive services is an integral part of the WIN program. The individual is not required to accept work or training unless the Welfare Department is able to meet supportive service needs. Also supportive services shall be authorized for 90 days following the WIN participants placement in full-time employment even if earnings disqualify the individual from financial assistance. The amount of federal financial participation for the following WIN supportive services has been increased to 90% of their cost:

- A. Day Care Services: Day Care Services for children include the care of a child in or outside his own home by a responsible individual, care of a child in contracted or non-contracted family day care homes or group day care centers. This service must be available throughout the total "participant day." The participant day, during which child care is to be provided, is the period of time during which the individual is at work or in training, is commuting to the work or training site and any additional time that may be needed for the individual to arrive at the day care facility or sitter's home to pick up the child.

In order to insure quality in day care services, local office SAU staff must see that day care standards are met. It shall be the responsibility of the Central Office SAU to provide the local office SAU with applicable State and Federal day care regulations.

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WIN PROGRAM SERVICES

- B. Family Planning Services: Those social, educational and medical services which enable individuals to limit voluntarily the family size or space the birth of children or to prevent or reduce the incidence of births out of wedlock. Such services include but are not limited to the provision of printed materials; group discussions and individual counseling which provide information about and discussion of family planning, medical contraceptive services and supplies; and help in utilizing medical and educational resources available in the community.
- C. Health-Related Services: Health-related services are those social services provided for the purpose of assisting individuals to attain and retain as favorable a condition of physical and mental health as possible, by helping them to identify and understand their health needs and to secure and utilize necessary medical treatment and health maintenance and preventive health services, including services in medical emergencies.

Services do not include any costs of medical care which are reimbursable under Title XIX.

- D. Homemaker Services: Care of individuals in their own homes and help to individual caretaker relatives in overcoming specific barriers to achievement of optimum household and family management, through the services of a trained and supervised homemaker.
- E. Home Management and Other Functional Educational Services: Learning opportunities directed toward the improvement of daily living, including formal or informal instruction and training in management of household budgets, maintenance and care of the home, preparation of food, nutrition, consumer education, family life, child rearing and health maintenance.
- F. Housing Improvement Services: Help to families and individuals to improve landlord-tenant relations, identify sub-standard housing, secure correction of housing code violations and relocate to more suitable housing.
- G. Selected Vocational Rehabilitation Services: Restorative services to correct or substantially modify a physical, mental or emotional condition which is a handicap to employment. They include but are not limited to surgery, psychiatric treatment, prosthetic devices, speech or hearing therapy, eyeglasses and visual services and dental care. Such services may be purchased only when the vocational rehabilitation agency is not able to finance them through its own resources or the service is not available through Medicaid.

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ELIGIBILITY FOR WIN PROGRAM SERVICES

All non-exempt AFDC applicants or recipients must be registered with the WIN program as a condition of eligibility for AFDC. AFDC applicants or recipients who are exempt from registration may register with the program as volunteers. As volunteers they will receive priority for WIN program services.

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WIN PROGRAM SERVICES

Only AFDC applicants or recipients are eligible to become participants in the WIN program.

III. REDETERMINATION OF ELIGIBILITY

The AFDC recipient remains eligible for WIN supportive services as long as he remains active in the WIN program. The worker, in the course of his regular contact with DES/WIN, shall remain aware of the recipients status in the WIN program.

IV. PROCEDURES

A. Functions of the Local Separate Administrative Unit (SAU) It was never intended that all persons registered with the WIN program would be called up immediately for work or training. The intention was that, from the pool of individuals registered, SAU and DES staff would select those individuals who could most immediately be made ready for employment or training by removing the barriers (i.e., meeting the supportive service needs) that prevent participation. The SAU, therefore, becomes involved prior to the individual's call-in by the DES/WIN Team. This initial involvement is called Pre-appraisal activity.

1. Pre-appraisal

- a. The first function of the SAU worker during pre-appraisal is to fully inform the individual of his/her rights and responsibilities as a registrant and as a participant. The individual shall be given an explanation of WIN supportive services. The individual shall be advised that all his supportive service needs must be arranged for or delivered by the Department before he is required to participate.
- b. The SAU worker will perform a preliminary supportive service assessment. If the SAU worker finds that the individual is so beset by problems as to be an unlikely candidate for work or training, the worker shall recommend to the DES/WIN Team that the individual not be called in for an interview at the present time. The SAU worker shall inform the client that he may apply for social services from the Department; and, when appropriate, the SAU worker shall assist the client by referring him to the appropriate service unit.

Special consideration shall be given to voluntary registrants, even if they have extensive supportive service needs.

If the preliminary supportive service assessment indicates that the supportive service needs can be met, the SAU will allow the Appraisal Interview to proceed.

2. Establishing a WIN Service Case

Individual local office SAU's may determine the appropriate time to establish a WIN service case record. The case record must, however, be established no later than the time that certification is requested. When the WIN service case record is established, the SAU shall notify masterfile.

3. The Appraisal Interview

- a. The interview that is scheduled by the DES/WIN Team is called the Appraisal Interview. Its first purpose is to consider the feasibility for employment or training in the light of an understanding of the problems and social service needs of the individual. Its second purpose is to develop an employment plan and a supportive service plan. If employment or training is deemed not appropriate for the individual, then he shall remain in the registrant pool for future reconsideration. The SAU worker shall inform the client that he may apply for social services from the Department; and, when appropriate, the SAU worker shall assist the client by referring him to the appropriate service unit.

The formulation of the employment and supportive service plans is the joint responsibility of SAU and DES/WIN in consultation with the individual.

The SAU may fulfill its responsibility by conducting a separate appraisal interview, but a joint interview with DES/WIN is strongly recommended.

- b. During the Appraisal Interview (or Interviews) the employment plan is formulated and a date is given for its implementation. When WIN supportive service needs are identified on the Certification Record (MA 5-96), the SAU worker shall develop a service plan with the client. As soon as the SAU has delivered or arranged for supportive services, the Certification Record is approved and returned to the DES/WIN Team and the employment plan is implemented.

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WIN PROGRAM SERVICES

All WIN supportive services may be started 1 month prior to the time the individual begins work or training. In such situations, however, there must be a firm commitment, by the DES/WIN Team, to implement a specific employment plan on the agreed-upon date.

The SAU shall make every effort to provide supportive services; but if WIN supportive services cannot be provided, the Certification Record is disapproved and returned to the DES/WIN Team. The individual is then not made a participant in the program. When appropriate, the SAU shall direct the individual to the appropriate Department service unit where he may apply for social services. The SAU shall inform the Department service unit of any information it has obtained during the course of its involvement with the individual or family that will facilitate the identification of service need. The SAU shall then close its service case and notify masterfile of closing.

It is recommended that the Certification Record be returned to the DES/WIN Team, either approved or disapproved, within 30 days.

If, following the supportive service evaluation, it is determined that the individual has no supportive service needs, this is checked on the Certification Record which is then immediately approved and returned to the DES/WIN Team.

WIN supportive service needs may surface at any time. Identification of supportive service needs which arise after the original Certification may be identified by either SAU or DES/WIN staff on a supplemental Certification Record (MA 5-96).

In order for the Department to claim 90% re-imbursement, two actions must be taken. First, the services to be claimed must be checked on the Certification Record. Second, the relationship between the WIN supportive services and the individual's ability to participate in the employment plan must be documented in the service case record.

- c. If an individual is determined to be ready for the interview but fails to keep the scheduled appointment, the SAU shall determine if an emergency has occurred. If this is the case, the SAU shall notify the DES/WIN Team and another interview will be scheduled. Where no emergency has occurred and the individual has received notice of the interview yet refuses without good reason to keep the

Chapter II

WIN PROGRAM SERVICES

appointment, the SAU shall notify A.P. that the individual has, in effect, rendered meaningless his/her registration with the WIN program. The SAU shall be present at pre-appeal reviews and appeal hearings relative to this issue.

- B. Duration of WIN Supportive Services WIN supportive services may be continued as long as the individual is active in the WIN program. The individual is considered active throughout the job-entry period which is the first 90 days of full-time, unsubsidized (by DES) employment. The DES/WIN Team may extend the job-entry period for an additional 30 days.

If a WIN participant is placed in Public Service Employment (PSE—a subsidized employment component), the SAU shall provide supportive services throughout the placement even if the individual's earnings disqualify him from AFDC. When PSE is completed and the individual's salary is no longer re-imbursed by DES/WIN, he/she enters the job-entry period. Supportive services shall continue to be provided throughout job-entry.

The SAU may continue to provide supportive services as long as the individual remains active in the WIN program even if his earnings disqualify him for AFDC.

If an individual requests a service which he/she feels is necessary in order to participate in the employment plan and the service is denied, the individual shall be advised of his right of appeal under the Department's Appeal Procedure. The SAU worker shall offer to assist the individual in filing the appeal. The employment plan will not be implemented until the issue has been ruled on by the Appeal Division.

- C. DES/WIN Status Change Notice The Welfare Department is officially notified of the individual's entry into participant status in the WIN program on the Status Change Notice (MA 5-97). This notice additionally specifies the program component the individual has entered, such as On-the-job Training (OJT). Whenever the participant moves from one component, such as OJT, into another, such as the job-entry period, the Status Change Notice is sent. It is sent by the DES/WIN Team to the SAU.
- D. DES/WIN Grievance Procedure When the participant has a complaint about a work or training assignment or related issues such as wages or hours of attendance, the DES/WIN Grievance Procedure is the mechanism to be used to raise and resolve such complaints. The SAU shall assist the DES/WIN Team in informing the participant of the purpose of the Grievance Procedure and, when necessary, shall assist the participant in its use.

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WIN PROGRAM SERVICES

- E. DES/WIN Appeal Process When DES/WIN proposes termination of an individual for failure to participate in WIN "without good cause," the SAU is notified. The individual is notified by the DES/WIN Team of his right to a pre-termination conference and an appeal hearing under the DES/WIN Appeal Process. The SAU shall assist in informing the individual of the meaning of these procedures and shall assist him in their use. The SAU shall attend DES/WIN appeal hearings for the purpose of contributing information relative to its role in the program.
- F. 60-Day Counseling Period If the hearing office upholds the DES/WIN Team's recommendation of termination or if the individual does not utilize the DES/WIN appeal procedure and is to be terminated, the SAU is notified by the DES/WIN Team and proceeds to institute the 60-day counseling period.

The SAU shall send the participant two written notices making the 60-day counseling period available. The SAU shall notify A.P. when the 60-day counseling period begins. The SAU shall attend any pre-appeal reviews and appeal hearings regarding the 60-day counseling period.

The counseling period shall minimally include:

1. A review of exemption criteria.
2. A review of supportive service needs.
3. An explanation to the participant, his spouse or parent of the effect that termination from the program will have on the amount and form of assistance.
4. An explanation of the time period the individual must wait before he may re-register for WIN.

If the individual accepts counseling and, during the process, agrees to resume participation, he is permitted to do so. The SAU notifies A.P. and the individual that all sanctions are to be terminated.

If the individual returns to participation and thereafter refuses to participate "without good cause," he/she again shall have the assistance of the SAU in utilizing the DES/WIN pretermination conference and appeal procedures. If the individual's termination is upheld, however, the 60-day counseling period will not be given again unless unusual circumstances warrant it. This decision shall be made by the local SAU.

If the individual refuses to accept counseling or, if, after the expiration of the 60 days, he refuses to continue in the WIN program, the SAU shall notify A.P. A.P. notifies the individual of sanctions to be applied, that is, changes to be made in the amount and/or form of assistance as a result of his failure to participate without good cause. The individual may not appeal under the Welfare Department's Appeal Procedure about subject matter appealed and ruled on under the DES/WIN Appeal Process.

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WIN PROGRAM SERVICES

- G. Provision of Social Service to the Non-WIN Family Member When members of the family who are not WIN participants require social service, the SAU shall provide or arrange for social service according to the Department's policies.
- H. Reporting Requirements The SAU shall record all statistical data relative to its role in the WIN program.
- I. DES/WIN Policy It shall be the responsibility of the Central Office SAU to provide the local office SAU with all necessary DES/WIN policy material necessary to implement the functions assigned herein.
- J. Termination of SAU Services

- 1. General Provisions

The SAU must notify other Department personnel who are delivering service or money payments to an individual, of the termination of SAU service. When the SAU closes or transfers a service case, or when an individual moves, the SAU shall notify masterfile and the DES/WIN Team.

- 2. Specific Provisions

- a. When the job-entry period is completed and no services are required by either the participant or other family members, the SAU closes the service case. The closed service case record is retained in the SAU.
- b. When the job-entry period is completed and services are required by the individual and he remains eligible for financial assistance, the SAU shall determine whether the WIN supportive service or services are available from another service unit of the Department as non-WIN social services. If services are available, the Social Service Application is completed. The SAU shall change the code on the POS-8 from I to the appropriate code, to be effective on the date that the individual becomes ineligible for the service as a WIN supportive service. When the WIN service case is closed, the case record is sent to the Generalist.
- c. When the job-entry period is completed and services are required by the individual but he is ineligible for financial assistance, the SAU shall determine whether the WIN supportive service or services are available from another service unit of the Department as non-WIN social services. If the service is available, the SAU shall change the code in the POS-8 from I to the appropriate code, to be effective on the date that the individual becomes ineligible for the service as a WIN supportive service. When the WIN service case is closed, the case record is sent to the Generalist.

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WIN PROGRAM SERVICES

- d. When the job-entry period is completed and the individual no longer requires service but other family members continue to require non-WIN social services, the SAU closes its case and follows procedures for the transfer of a non-WIN service case.
- e. When the WIN participant moves, the SAU shall send all information relevant to continued service provision to the appropriate SAU for the individual's new location 1 month prior to the termination of present SAU service. In locations where there is no SAU, the Generalist will be notified.
- f. In situations where the individual's new location prohibits continuation of WIN supportive services, the SAU shall close its case. If other members of the family are receiving social services, the SAU follows procedures for the transfer of a non-WIN service case.
- g. When WIN supportive services are terminated for other reasons, the service case is closed. If other members of the family are receiving social services, the SAU follows procedures for the transfer of a non-WIN service case.

K. General Functions of the Central Office SAU The Central Office SAU is charged with the following functions:

1. Program Direction and Supervision

The Central Office SAU is responsible for overseeing the Office of Social Services WIN operation (exclusive of the income maintenance functions) to insure that the program is being carried out effectively throughout the State. Supervision entails the furnishing of necessary guidance and technical assistance to regional WIN staff and local SAU's to assure adequate quantity and quality of supportive services.

2. Liaison with the Division of Employment Security

Good mechanisms for liaison and coordination are crucial to the success of a program which involves the combined efforts of two governmental agencies. The Central Office SAU is also responsible for fostering the same degree of inter-agency cooperation at the regional and local level.

3. Program Planning

The Central Office SAU is the focal point of responsibility for all supportive services planning relative to WIN. The principal planning mechanism is the Statewide Operation Plan to be prepared jointly by the Office of Social Services and the DES (with input from Assistance Payments' staff). The

Chapter II

WIN PROGRAM SERVICES

Central Office SAU must assure that the local SAU's are participating appropriately in developing the local operational plans and must be responsible together with the DES for reviewing, evaluating and consolidating local operational plans into a comprehensive plan for the State.

Chapter II

FOSTER CARE FOR CHILDREN

I. DEFINITION

Foster care services to children are social services provided to a child who is in a family foster home, group care facility, or residential facility; is awaiting placement in such a home, group care or residential facility; or is in his own home and is receiving social services to prevent his placement in a foster home or group care facility. (See section on Protective Services for the Department's policies regarding children alleged to be suffering from serious physical or emotional injuries.)

Foster care services shall focus on:

- a. strengthening and encouraging family life for the protection and care of children;
- b. assisting and encouraging families to use all available resources to maintain family life;
- c. providing substitute care of children only when the family itself or the resources available to the family cannot provide necessary care and protection to ensure the rights of the children to sound health and normal physical, mental, and moral development;
- d. returning a child to his natural parents when it is determined to be in the best interest of the child and family;
- e. developing a permanent plan for the child, such as referring a child for adoption when his return to natural parents is not possible.

Foster care services include:

- a. supportive counseling to families and children;
- b. information and referral services to Department and community resources;
- c. case management services which include assessment, development of a service plan, case monitoring, and redetermination of eligibility for foster care services;
- d. the provision of substitute parental care and maintenance;
- e. the provision of specialized foster care, group care, or residential care for children who are emotionally disturbed, mentally retarded, or in legal difficulty;
- f. the provision of day care and homemaker services as defined in this Chapter to children determined to be in need of social services due to serious physical or emotional injury;
- g. making arrangements for the provision of other social services as defined in this Chapter provided that the client meets the Department's eligibility criteria for the specific services and such services are a necessary part of the service plan.

Chapter II

FOSTER CARE FOR CHILDREN

II. ELIGIBILITY

Children determined to be in need of foster care services because of the absence of the parent or guardian or the inability or incapacity of such parent or guardian to provide proper care and supervision of the child, or due to conditions of neglect, injury, abuse, abandonment, or emotional disturbance are eligible for such services without regard to financial eligibility. The Department may seek support payments, when appropriate. There may be financial eligibility requirements for other defined social services available through the Department which may be utilized as part of the service plan.

III. REDETERMINATION OF ELIGIBILITY

Redetermination of eligibility for foster care services shall be made at least every six months. The social worker shall update the service plan with the client and verify the client's eligibility for foster care services. Redetermination of eligibility shall occur more frequently if the service plan so indicates.

IV. METHOD OF PROVISION

A Department social worker may provide supportive counseling, information and referral services, and case management services to children in their own homes and their families as part of an effort to maintain the family unit. He may also provide such services to children and their families when the children are awaiting placement or have been placed in a foster home, group care facility, or a residential facility. The worker may authorize payment for homemaker or day care services in situations where children are determined to be in need of protective services due to serious physical or emotional injury and when such supportive services are a necessary part of the service plan. The worker may also authorize payment for other defined social services provided that the client meets the Department's eligibility criteria for the specific services and such services are a necessary part of the service plan.

In situations where placement is determined to be necessary, the service worker is responsible for arranging for the placement and monitoring that placement. The Department worker shall continue to work with the child and his natural family with the goal of reuniting the family. If the child cannot be reunited with his family, the social worker shall develop an alternative permanent plan for the child.

Referral of eligible clients to agencies with which the Department has a purchase of service agreement may be made when necessary to supplement the foster care services offered by the Department and when such a referral is in the child's best interest.

When a Department social worker provides foster care services, he shall follow the Department's Child Welfare Policy Manual and the appropriate procedures in the Social Services Procedures Manual (IRF and Generalist).

Chapter II

HEALTH-RELATED SERVICES

I. DEFINITION

Health-related services are those social services provided for the purpose of assisting individuals to attain and retain as favorable a condition of physical and mental health as possible, by helping them to identify and understand their health needs and to secure and utilize necessary medical treatment and health maintenance and preventive health services, including services in medical emergencies. Services include: locating organizations or individuals who are willing to provide quality health services and helping to solve any problems which may prevent clients from obtaining needed medical services and from making optimum use of the services available; assistance in identifying, understanding, securing, and using necessary diagnostic, preventive, remedial, ameliorative, and other physical or mental health services available under Medicare, Medicaid, or other agency health service programs and from other agencies or providers of health services; consultation with medical and psychiatric resources on specific cases; arrangement for medical or psychiatric examination; arrangement for out-patient or in-patient treatment; arrangement for dental care; assistance in making arrangements for transportation to and from health services; assistance in carrying out medical recommendations; obtaining services of a physician in medical emergencies; referral to other appropriate social services for which the client is eligible.

Services do not include any costs of medical care which are reimbursable under Title XIX.

II. ELIGIBILITY

Health-related services are available to applicants for and current recipients of AFDC, potential recipients of AFDC, former recipients of AFDC, and families and children in the Department's child welfare program, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for health-related services must be redetermined at least every six months. The worker shall update the service plan and verify the client's eligibility for health-related services. Redetermination may occur more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker will provide information, referral, and follow-up regarding health services to eligible clients. The worker will assist clients in identifying health needs, provide supportive counseling to clients surrounding these needs, assist clients in obtaining and utilizing

Chapter II

HEALTH-RELATED SERVICES

needed health services, and assist clients in referrals to appropriate medical and clinical facilities when necessary. Consultation may be obtained from the Department's Medical Unit and members of its consultant staff. The worker may not authorize payment for any medical services on a non-contracted basis. Payment of the cost of medical care is handled through the Title XIX program in accordance with the Department's established procedures for Medicaid vendor payments. When unusual medical services not covered on the Medicaid fee schedule are required, prior approval must be obtained from the regional Medical Assistance Program Advisor or the Medical Unit's Medical Review Team.

Where Department contracts exist for medical screening, diagnosis, evaluation, and other incidental medical services, the worker may use these contracts as resources for clients in accordance with the eligibility criteria stipulated in the contracts.

All children determined to be eligible for MA-under 21 may be referred to Department contracts for early periodic screening, diagnosis, and treatment (EPSDT) services.

The Department assumes responsibility for the medical care of children in its custody (i.e., children who have been taken into the custody of the Department in accordance with the provisions of Chapter 119 of the General Laws of the Commonwealth). Authorization of the provision of medical services and payment for such services for children in the Department's custody shall be done in accordance with the Department's policy regarding medical care for children in the child welfare program in the Child Welfare Policy Manual.

Chapter II

HOMEMAKER SERVICES

TO FAMILIES AND CHILDREN

I. DEFINITION

Homemaker services provide care of individuals in their own homes and help to individual caretaker relatives to achieve adequate household and family management through the services of a trained and supervised homemaker.

Homemaker services may be provided during times of stress such as the temporary absence of the caretaker, e.g., parent or other relative, due to illness, or to improve home management and household skills as well as to improve child care in family situations. Homemaker services include, but are not limited to: care and supervision of children and adults; non-medical care of an ill or disabled family member; routine light housekeeping including light laundry; planning, preparation and serving of meals; and instructions in homemaking, household skills, and child care.

II. ELIGIBILITY

Homemaker services are available to families who are current applicants for or recipients of AFDC; to families with children determined to be in need of social services because of serious physical or emotional injury resulting from abuse inflicted upon the child including sexual abuse; or a serious physical or emotional injury resulting from neglect, including malnutrition; or physical dependency of the child upon an addictive drug at birth; and to current, former and potential recipients of AFDC who need homemaker services due to the death, absence, or physical or mental incapacity of the child's mother and the inability of any other family member living in the household to provide proper care for children, including homemaker services which are necessary to prevent the neglect or abuse of a child as a result of home conditions which seriously threaten the child physically or emotionally.

Eligibility of individuals in these groups for homemaker services is also contingent upon a social or medical diagnosis confirming the need for the service, and authorization of the service can be approved only after consultation between the social service worker and the social service supervisor.

III. REDETERMINATION OF ELIGIBILITY

Continued use of the service will be reviewed as provided for in the Social Service Plan, but eligibility for homemaker services must be redetermined no later than every ninety (90) days from the date of authorization.

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HOMEMAKER SERVICES

TO FAMILIES AND CHILDREN

IV. METHOD OF PROVISION

Homemaker services are provided directly by a Department homemaker staff member in those service areas where such staff exist, or by a homemaker staff member of an agency accredited by the Massachusetts Board of Accreditation from which the Department purchases service.

The applicant contacts the local social service worker to apply for homemaker services. After following eligibility determination procedures, the social service worker documents the need for services in the case record and in the Social Service Plan. In addition to a medical or social diagnosis, documentation includes consideration of providing other social services to help maintain the client in addition to or instead of homemaker services. Service of hourly units or for 24-hour periods may be authorized. The Plan must include the number of hours per day, the number of days per week, and the time period for which services are authorized. Twenty-four hour service will be considered whenever possible as a short-term service and, when authorized, the social service worker will carefully consider alternative or additional services. The social service worker then contacts the Department homemaker staff or the agency providing the service. In those service areas where contracts for homemaker services exist, those contracts will be utilized as resources before non-contracted purchase arrangements.

The rate approved for non-contracted purchase of service from homemaker agencies is the hourly unit rate established by the Department's Office of Social Services (Central Office) with the provider agency, plus transportation costs, if transportation is not included in the unit rate. Public transportation shall be utilized as the first resource (bus or MBTA). Allowance of up to twelve cents a mile may be authorized when a car is used. Transportation costs shall be approved by the supervisor. Twenty-four-hour care may be authorized at a daily rate established by the Department's Office for Social Services (Central Office) with the provider agency.

The period of service authorized depends on the needs of the client as ascertained by the social service worker and approved by the supervisor. After 180 days, hourly units of homemaker service will be approved by the Associate Regional Administrator for Social Services or his designee. If 24-hour service is authorized, such service will be approved after 30 days by the Associate Regional Administrator for Social Services or his designee.

Chapter II

HOME MANAGEMENT SERVICES

I. DEFINITION

Home management services are provided to improve individual and family functioning in the home and to promote good home and financial management. Services include: individual or group counseling and educational services provided to strengthen and improve family living, promote family stability, prevent or alleviate family dysfunction, or improve individual or family relationships; assisting families and individuals to improve functioning in home and financial management; supportive counseling provided to promote the proper care and supervision of children and to help parents establish and maintain a parental role with their children; formal or informal instruction and training in household and money management, child rearing, consumer education, and health maintenance; counseling related to protective payments, when appropriate; referral to other social services.

II. ELIGIBILITY

Home management services are available to applicants for and current recipients of AFDC, potential recipients of AFDC, former recipients of AFDC, and families and children in the Department's child welfare program, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for home management services shall be redetermined at least every six months. The worker shall update the service plan and verify the client's eligibility for home management services. Redetermination of eligibility may occur more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker may provide counseling directly to the client regarding individual and family relationships and home and financial management. He may refer the client to appropriate public and private community resources and follow up to ensure that the client receives the service.

Where Department contracts exist for the provision of home management or family life education services, the worker may use these contracts as resources for clients in accordance with the eligibility criteria stipulated in the contracts.

Chapter II

HOUSING SERVICES

I. DEFINITION

Housing services assist individuals and families to locate and gain access to adequate housing and to improve housing conditions. Specific activities of social service workers shall include, but not be limited to: assisting clients in locating standard low-cost housing, providing technical assistance in the area of code enforcement, and attempting to resolve tenant problems and other housing needs that may arise.

The Department's Housing Program is administered by the Central Office with assistance from Regional Housing Specialists who act as resources for their respective regions in regard to housing matters. The Housing Specialist is the primary resource for the social service worker who is seeking new housing opportunities for clients, and shall keep social service workers informed of housing programs and resources that are available.

In addition, Housing Specialists represent the Department in negotiations with federal, state, and local agencies to increase housing opportunities for recipients, and assist Regional Administrators in developing plans for solving regional housing problems.

II. ELIGIBILITY

Housing services are available to applicants for and current recipients of AFDC, former recipients of AFDC, and potential recipients of AFDC, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Redetermination of eligibility for housing services must be made at least every six months, when appropriate. Redetermination of eligibility shall occur more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

Social service workers, in providing housing services to clients, should use the Regional Housing Specialist as a resource. Where no Housing Specialist is available, the service worker should contact the Central Office Housing Unit.

Chapter II

HOUSING SERVICES

Certain housing issues may require the service worker to contact an assistance payments worker, such as in the case of income verification for publicly-assisted housing. In addition, there are particular housing issues regarding financial assistance which are correspondingly designated as assistance payments responsibilities despite the housing implications. These issues relate to vendor payments to landlords, home repairs, rental exceptions, moving expenses, shelter arrearages, provision of household furniture and supplies, emergency shelter, and fuel and utility arrearages.

In a continuing effort to ensure adequate housing for clients, service workers shall familiarize themselves with the Minimum Standards of Fitness for Human Habitation contained in Article II of the State Sanitary Code and, where appropriate, additional local regulations. Workers providing services to families with children under six years of age must be familiar with the lead paint statute in Section 197 of Chapter 111 of the General Laws. Any housing, particularly housing constructed prior to 1950, is likely to contain high levels of lead paint. Housing that is suspected of containing lead paint that could be dangerous to the health of the children is to be tested for lead content by the local board of health or designated agency. If the local code enforcement agency will not test for the presence of lead paint, the service worker can contact the Childhood Lead Poisoning Prevention Division in the Department of Public Health, which can be of assistance.

Any housing conditions which appear to be violations of Article II of the Sanitary Code or local regulations, including lead paint violations, are to be reported to the local Board of Health or, in the City of Boston, the Housing Inspection Department, which are empowered to take court action, if necessary, to enforce compliance by the owner of such property to correct conditions and eliminate hazards. The Central Office Housing Unit is to be notified of any cases in which court action is taken under this statute. If violations are not corrected within a reasonable period of time clients should be advised of their option to contact legal assistance.

For additional information, service workers shall refer to the Department's Low Income Housing Handbook which further delineates procedures for dealing with housing issues such as the legal rights of tenants, tenant problems, location of additional housing resources, etc.

Chapter II

INFORMATION AND REFERRAL SERVICES

I. DEFINITION

Information and referral services are provided to bring individuals and/or groups with unmet needs to the most appropriate resource in the shortest possible time and to provide a means for the accumulation of data which will identify existing resources, duplications and gaps in services, unmet needs, and service results.

Information and referral services include but are not limited to: assessment of the request for social services; provision of information about service resources; referral of the person to the appropriate agency; community consultation, education regarding Departmental services, and outreach services to provide information to persons unaware of available social service resources.

Follow-up services may be provided which include intervention with an agency on behalf of a client when such intervention is deemed appropriate, and contact with an agency and/or client to ensure that the requested service was received and to identify additional resources when necessary.

II. ELIGIBILITY

The Department shall provide information and referral services (I&R) to all persons requesting such services.

The Department shall provide information, referral, and follow-up services to families and individuals who are current applicants for or recipients of AFDC, former recipients of AFDC, or potential recipients of AFDC, as defined in Chapter I. Children and families within the child welfare program are eligible for information, referral, and follow-up services.

III. REDETERMINATION OF ELIGIBILITY

No redetermination of eligibility is required for information and referral services since such services are available to all persons regardless of their eligibility status.

Redetermination of eligibility for information-referral-follow-up services is made at least every six months, when appropriate. Redetermination of eligibility may occur more frequently if the service plan so indicates.

IV. METHOD OF PROVISION

Information, referral, and follow-up services are provided directly by staff of the Department.

Chapter II

INFORMATION AND REFERRAL SERVICES

The Department may purchase comprehensive information and referral and follow-up services for eligible clients when necessary and appropriate as a supplement to the Department's information and referral system.

Referral to purchased information and referral and follow-up services or to other community programs shall be made when the Department's information and referral system is unable to respond to the needs of eligible clients.

Chapter II

LEGAL SERVICES

I. DEFINITION

The Department aids persons in need of legal assistance on an information and referral basis by identifying organizations and individuals who are willing to provide quality legal services and helping to solve any problems which may prevent such persons from obtaining legal services and/or making optimum use of services available. Specific services include: assisting persons in identifying, understanding, securing and using necessary legal resources; arranging for assessment of legal problems; consulting with legal resources on specific cases; and arranging for appropriate and indicated legal assistance.

The Department's Legal Division acts as counsel for the Department on legal matters related to the operation of the Social Services program. Some of the legal matters on which the Division offers consultation to Department Social Services staff or represents the Department in court are: adoption petitions, care and protection petitions, straight custody petitions, and appeals regarding denials of service. The Division also provides legal counsel to the Support Unit in relation to efforts to establish the paternity of children born out of wedlock and to secure and collect child support.

II. ELIGIBILITY

Information and referral regarding legal services are available to the total community. Follow-up services, including arrangement for the provision of legal services, are available to applicants for and current recipients of AFDC, former recipients of AFDC, potential recipients of AFDC, and families and children in the Department's child welfare program, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

When the worker is simply providing information and referral regarding legal services, no redetermination of eligibility is required. When the worker is providing information, referral, and follow-up regarding legal services to eligible clients, he must redetermine eligibility for such services at least every six months, when appropriate. Redetermination of eligibility shall occur more frequently, if the service plan so indicates.

Chapter II

LEGAL SERVICES

IV. METHOD OF PROVISION

The worker will assist clients in identifying legal assistance needs, provide supportive counseling to clients surrounding these needs, and assist clients in obtaining and utilizing needed legal services. The social worker (or the Department's legal staff, when contacted directly by clients) will assist individuals in referrals to legal assistance resources where such referrals seem appropriate. In general, referrals are made to the Boston Legal Assistance Program, Legal Aid Society, or similar organizations throughout the State for legal concerns surrounding landlord and tenant or eviction issues and domestic relations and separate support issues. In juvenile criminal cases, referral may be made to the Massachusetts Defender's Committee. If the worker requires assistance in determining the appropriate referral, he may contact the Resource Mobilization Unit or the appropriate regional attorney for resource information.

The social worker is to contact the appropriate regional attorney when he requires legal consultation regarding a case. Whenever the worker determines that court action concerning the issue of child custody (210 petitions, care and protection petitions, straight custody petitions) is desirable in a case, he is to contact the regional attorney before initiating such action whenever possible. The attorney will provide legal counsel regarding the case and, when necessary, will intervene directly by serving as the Department's representative in court.

Chapter II

SERVICES TO THE MENTALLY RETARDED

I. DEFINITION

Services to the mentally retarded are those social services provided as part of, or in conjunction with, a program of active treatment to individuals determined to be in need of such services. Services include individual and group counseling to facilitate personal, family, or community adjustment, assistance in obtaining education or employment, special training in self-care, and other supportive services to strengthen the client's capability for self-support or self-care.

Services do not include any costs of medical care which are reimbursable under Title XIX.

II. ELIGIBILITY

Services to the mentally retarded are available to applicants for and current recipients of AFDC, former recipients of AFDC, and potential recipients of AFDC, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for services to the mentally retarded must be redetermined at least every six months. The worker shall update the service plan with the client and verify the client's eligibility for such services. Eligibility for services to the mentally retarded may be redetermined more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker may provide supportive counseling to the client regarding his need for services to the mentally retarded, may refer the client to appropriate public or private community resources, and may follow up with the resources to ensure that the client receives the service. Where Department contracts exist with public or private agencies for the provision of such services, the worker shall utilize such contracts as first resources for clients in accordance with the eligibility criteria stipulated in the contracts. Public agencies shall be utilized as resources in preference to private agencies whenever possible.

Chapter II

PROTECTIVE SERVICES FOR CHILDREN
AND YOUTH

I. DEFINITION:

Protective Services for children and youth are specialized social services provided to children who are neglected, abused, sexually exploited, or addicted to drugs at birth, and to the families of such children. These services are provided when conditions are such that the community is unwilling to leave it to the parents alone to decide if help is needed. Protective services are appropriate when parents or other persons responsible for a child's care do not provide, either through their own resources or through available community resources, the love, care, guidance and protection the child requires for healthy growth and development; and when the condition or situation gives observable evidence of the injurious effects of failure to meet at least the child's minimum needs.

They include:

- a) receiving, investigating, and evaluating reports of serious physical or emotional injuries caused by neglect, abuse, addiction, or sexual exploitation;
- b) developing a service plan to help parents provide adequate care for their children in order to prevent recurrence or continuation of the serious physical or emotional injury if caused by neglect, abuse, addiction or sexual exploitation;
- c) supportive counseling to aid in implementation of service plan;
- d) information and referral services to Departmental and community resources;
- e) undertaking, when appropriate, actions to remove or return a child to his or her home, when such a move would serve the best interests of the child, and when such action is in accordance with relevant Departmental regulations.
- f) making arrangements for and authorizing payment for day care or homemaker services as defined in this Chapter when such services are a necessary part of the service plan.

II. ELIGIBILITY

Protective services to children and youth are available through the Department's social services program, and are not dependent upon financial eligibility requirements.

Chapter II

PROTECTIVE SERVICES FOR CHILDREN
AND YOUTH

III. REDETERMINATION OF ELIGIBILITY

Redetermination of eligibility for protective services shall be made at least every six months. The social worker shall update the service plan with the client and verify the client's eligibility for the service. Redetermination of eligibility shall occur more frequently if the service plan so indicates.

IV. METHOD OF PROVISION

A Department social worker may provide supportive counseling and case management services to families and children in need of protective services. He may authorize payment for homemaker or day care services when a necessary part of the service plan. He may authorize placement in a foster home or group facility when appropriate and with supervisory approval. He may refer clients to appropriate public or private community resources.

Referral of eligible clients to agencies with which the Department has a purchase of service agreement may be made when necessary to supplement the protective services offered by the Department.

A Department social worker shall follow the intake procedures in the Child Welfare Policy Manual and, when protective service case have been reported to the Department, the Regulations Concerning Children Alleged to be Suffering from Serious Physical or Emotional Injuries.

Chapter II

SERVICES TO UNMARRIED MOTHERS

I. DEFINITION

Services to unmarried mothers are social services provided to assure the health and welfare of such parents and their children. Such services are directed toward meeting the immediate needs of the unwed mother and assisting her in planning for herself and her child.

Services to unmarried mothers include:

- a) supportive counseling with the unmarried mother and father
- b) information and referral services to Department and community resources
- c) arranging for pre-natal care, confinement, and living arrangements before and after confinement
- d) arranging for the provision of adequate health care
- e) planning for the child and educational and/or vocational planning for the mother
- f) making arrangements for the provision of other defined social services provided that the client meets the Department's eligibility criteria for the specific services and such services are a necessary part of the service plan.

II. ELIGIBILITY

Services to unmarried mothers are available to applicants for and current recipients of AFDC. Where the Department contracts for the provision of services to unmarried mothers, former and potential AFDC clients may be eligible for services. Individuals in the care and custody of the Department are eligible for services to unmarried mothers.

III. REDETERMINATION OF ELIGIBILITY

Redetermination of eligibility for services to unmarried mothers must be made at least every six months. The social worker shall update the service plan with the client and verify the client's eligibility for services to unmarried mothers. Redetermination of eligibility shall occur more frequently if the service plan so indicates.

Chapter II

SERVICES TO UNMARRIED MOTHERS

IV. METHOD OF PROVISION

A Department social worker may provide supportive counseling to a client. When appropriate, he may authorize a placement arrangement for the unmarried parent in a licensed, voluntary, non-profit facility. He may also authorize payment for other defined social services provided that the client meets the Department's eligibility criteria for the specific services and such services are a necessary part of the service plan. He may also refer clients to appropriate community resources.

The social worker shall consider, as a first resource, referral of eligible clients to agencies with which the Department has a purchase of service agreement.

CHAPTER III

SERVICES TO THE AGED AND DISABLED

Chapter III

SERVICES TO ALCOHOLICS

I. DEFINITION

Services to alcoholics are those social services provided as part of, or in conjunction with, a program of active treatment to individuals determined to be in need of such services. Services include individual and group counseling to facilitate personal, family, or community adjustment, assistance in obtaining education or employment, and other supportive services to strengthen the client's capability for self-support or self-care.

Services do not include any costs of medical care which are reimbursable under Title XIX.

II. ELIGIBILITY

Services to alcoholics are available to applicants for and current recipients of SSI, former recipients of SSI, and potential recipients of SSI, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for services to alcoholics must be redetermined at least every six months. The worker shall update the service plan with the client and verify the client's eligibility for such services. Eligibility for services to alcoholics may be redetermined more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker may provide supportive counseling to the client regarding his need for services to alcoholics, may refer the client to appropriate public or private community resources, and may follow up with the resources to ensure that the client receives the service. Where Department contracts exist with public or private agencies for the provision of such services, the worker shall utilize such contracts as first resources for clients, in accordance with the eligibility criteria stipulated in the contracts. Public agencies shall be utilized as resources in preference to private agencies whenever possible.

Chapter III

CHORE SERVICES

FOR THE AGED AND DISABLED

I. DEFINITION

Chore services include the performance of household tasks, essential shopping, simple household repairs, and other work necessary to enable individuals to remain in their own homes when they are unable to perform such tasks by themselves, and the activities do not require the services of a trained homemaker or other trained specialist.

II. ELIGIBILITY

Chore services are available to current applicants for or recipients of SSI-OAA and SSI-DA. Eligibility of individuals in these groups for chore services is also contingent upon a social or medical diagnosis confirming the need for the service, and authorization of the service can be approved only after consultation between the social service worker and the social service supervisor.

III. REDETERMINATION OF ELIGIBILITY

Continued use of the services will be reviewed as provided by the Social Service Plan, but eligibility must be redetermined no later than every 90 days from the date of authorization.

IV. METHOD OF PROVISION

Chore services are provided by Home Care Corporations where they exist, by a staff member of an agency from which the Department purchases service on a contracted or non-contracted basis, or by an individual secured either by the client or by the social service worker.

The applicant contacts the local social service worker to apply for chore services. After following eligibility determination procedures, the worker documents the need for services in the case record and in the Social Service Plan and includes the number of hours per day, the number of days per week, and the time period for which services are authorized. The written statement by the social worker or a physician verifying the need for chore services is filed in the case record. The social service worker then contacts the agency providing the service or arranges for services with the individual selected by or for the recipient. In those service areas where Home Care Corporations exist, those organizations will be considered before other resources.

Chapter III

CHORE SERVICES

FOR THE AGED AND DISABLED

IV. METHOD OF PROVISION (cont'd)

The client may select a person from the community to perform chore services. This may include a friend or a neighbor or a relative who does not live in the client's home. If necessary, the social service worker should make efforts through the client's family or community contacts to assist the client in finding the proper person to perform approved chores. Individual consideration of the chore involved will determine the proper person to be employed.

Rates for non-contracted purchase from agencies are those established between the Department's Office of Social Services (Central Office) and the agency. Rates for individuals may be authorized at the prevailing hourly rate in the community, depending on the type of chore involved, up to a maximum of \$2.65 per hour, plus transportation if it is not included in the hourly rate. Public transportation shall be utilized as the first resource (bus or MBTA). Allowance of up to twelve cents a mile may be authorized when a car is used. Transportation costs shall be approved by the supervisor. Chore service rates should be less than the homemaker service rates prevailing in the community.

Chapter III

SERVICES TO DRUG ADDICTS

I. DEFINITION

Services to drug addicts are those social services provided as part of, or in conjunction with, a program of active treatment to individuals determined to be in need of such services. Services include individual and group counseling to facilitate personal, family, or community adjustment, assistance in obtaining education or employment, and other supportive services to strengthen the client's capability for self-support or self-care.

Services do not include any costs of medical care which are reimbursable under Title XIX.

II. ELIGIBILITY

Services to drug addicts are available to applicants for and current recipients of SSI, former recipients of SSI, and potential recipients of SSI, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for services to drug addicts must be redetermined at least every six months. The worker shall update the service plan with the client and verify the client's eligibility for such services. Eligibility for services to drug addicts may be redetermined more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker may provide supportive counseling to the client regarding his need for services to drug addicts, may refer the client to appropriate public or private community resources, and may follow up with the resources to ensure that the client receives the service. Where Department contracts exist with public or private agencies for the provision of such services, the worker shall utilize such contracts as first resources for clients, in accordance with the eligibility criteria stipulated in the contracts. Public agencies shall be utilized as resources in preference to private agencies whenever possible.

Chapter III

EDUCATIONAL SERVICES

I. DEFINITION

Educational services are provided to assist individuals in obtaining education or vocational training in accordance with their abilities. Services include: counseling regarding educational needs and appropriate educational goals; assistance in identifying and overcoming barriers to the attainment of these goals; arranging for educational screening, evaluation, and testing; referral to appropriate educational or training programs; assistance in arranging for tutorial help or other specialized educational services necessary to remove impediments to learning; referral to specialized educational services or vocational programs where such services are necessary to overcome barriers to future economic independence; referral to other social services for which the client is eligible.

II. ELIGIBILITY

Educational services are available to applicants for and current recipients of SSI, former recipients of SSI, and potential recipients of SSI, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for educational services must be redetermined at least every six months. The worker shall update the service plan and verify the client's eligibility for education services. Redetermination of eligibility may occur more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker will provide information, referral, and follow-up regarding educational services to eligible clients, and may also provide counseling regarding the client's educational goals and possible methods of overcoming barriers to the attainment of those goals.

Where Department contracts exist for educational screening, testing, or other educational services appropriate to the client's needs, the worker shall utilize these contracts as first resources for clients in accordance with the eligibility criteria stipulated in the contract.

Chapter III

EMPLOYMENT SERVICES

I. DEFINITION

Employment services are provided to assist persons to achieve employment and economic self-sufficiency. Such services include but are not limited to: exploring with the client his interests and potentials for self-support; counseling with the client to deal with individual, family, or community barriers which prevent or limit him in his use of training and employment opportunities; providing for referral to and use of public and voluntary agencies in the fields of vocational rehabilitation, health, education, and employment including special attention to the capabilities of rehabilitation centers and workshops, community action agencies, neighborhood centers, and similar organizations; providing for general and specialized diagnostic assessments of health, learning, and other limitations that prevent involvement in employment or training; making arrangements for the provision of other defined social services provided that the clients meet the Department's eligibility criteria for the specific services and such services are a necessary part of the service plan.

II. ELIGIBILITY

Employment services are available to applicants for and current recipients of SSI-OAA, and to applicants for and current recipients of SSI-DA, former recipients of SSI-DA, and potential recipients of SSI-DA, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Redetermination of eligibility for employment services is made at least every six months. The social worker shall update the service plan with the client and verify the client's eligibility for employment services. Redetermination of eligibility shall occur more frequently if the service plan so indicates.

IV. METHOD OF PROVISION

A Department social worker shall provide counseling services to a client who requests such services if such counseling relates to the client's employment status. He may also refer the client to an appropriate agency for diagnostic, training, or employment purposes.

He may authorize payment for other defined social services provided that the client meets the Department's eligibility criteria for the specific services and such services are a necessary part of the service plan.

Chapter III

FOSTER CARE SERVICES FOR THE AGED AND DISABLED

I. DEFINITION

Foster care services for the aged and disabled provide for the placement of an individual in a substitute home which is suitable to his needs.

Foster care services include;

- a) supportive counseling to the client regarding his need for foster care services
- b) arranging for an appropriate placement
- c) ensuring proper care and supervision in the placement
- d) ensuring continued appropriateness and need for placement through a periodic review of the arrangements at least every six months
- e) arranging for other social services, when necessary.

II. ELIGIBILITY

Foster care services to the aged and disabled are available to individuals and families who are applicants for or current recipients of SSI - OAA or SSI - DA, former recipients of SSI - OAA or SSI - DA, and potential recipients of SSI - OAA or SSI - DA, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Redetermination of eligibility for foster care services shall be made at least every six months. The social worker shall update the service plan with the client and verify the client's eligibility for foster care services. Redetermination of eligibility shall occur more frequently if the service plan so indicates.

IV. METHOD OF PROVISION

A Department social worker may provide supportive counseling to a client regarding his need for foster care, and information, referral, and follow-up services. Referral to agencies with which the Department has contracts for foster care services for the aged and disabled shall be utilized as the first resource.

Chapter III

FOSTER CARE SERVICES FOR THE AGED AND DISABLED

A Department social worker may authorize payment for other defined social services provided that the client meets the Department's eligibility criteria for the specific services and such services are a necessary part of the service plan.

Chapter III

HEALTH-RELATED SERVICES

I. DEFINITION

Health-related services are those social services provided for the purpose of assisting individuals to attain and retain as favorable a condition of physical and mental health as possible, by helping them to identify and understand their health needs and to secure and utilize necessary medical treatment and health maintenance and preventive health services, including services in medical emergencies. Services include: locating organizations or individuals who are willing to provide quality health services and helping to solve any problems which may prevent clients from obtaining needed medical services and from making optimum use of the services available; assistance in identifying, understanding, securing, and using necessary diagnostic, preventive, remedial, ameliorative, and other physical or mental health services available under Medicare, Medicaid, or other agency health service programs and from other agencies or providers of health services; consultation with medical and psychiatric resources on specific cases; arrangement for medical or psychiatric examination; arrangement for out-patient or in-patient treatment; arrangement for dental care; assistance in making arrangements for transportation to and from health services; assistance in carrying out medical recommendations; obtaining services of a physician in medical emergencies; referral to other appropriate social services for which the client is eligible.

Services do not include any costs of medical care which are reimbursable under Title XIX.

II. ELIGIBILITY

Health-related services are available to applicants for and current recipients of SSI, potential recipients of SSI, and former recipients of SSI, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for health-related services must be redetermined at least every six months. The worker shall update the service plan and verify the client's eligibility for health-related services. Redetermination may occur more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker will provide information, referral, and follow-up regarding health services to eligible clients. The worker will assist clients in identifying health needs, provide supportive counseling to clients surrounding these

Chapter III

HEALTH-RELATED SERVICES

needs, assist clients in obtaining and utilizing needed health services, and assist clients in referrals to appropriate medical and clinical facilities when necessary. Consultation may be obtained from the Department's Medical Unit and members of its consultant staff. The worker may not authorize payment for any medical services on a non-contracted basis. Payment of the cost of medical care is handled through the Title XIX program in accordance with the Department's established procedures for Medicaid vendor payments. When unusual medical services not covered on the Medicaid fee schedule are required, prior approval must be obtained from the regional Medical Assistance Program Advisor or the Medical Unit's Medical Review Team.

Where Department contracts exist for medical screening, diagnosis, evaluation, and other incidental medical services, the worker may use these contracts as resources for clients in accordance with the eligibility criteria stipulated in the contracts.

Chapter III

HOME DELIVERED MEALS

I. DEFINITION

Home delivered meals are services consisting of the preparation and delivery of one or more hot meals daily to an individual in his home in order to assure the provision of nourishing meals to a person otherwise unable to prepare or obtain them and to help maintain independent functioning and self-care. Services include assessing the client's need for home delivered meals and making arrangements for the provision of such services from appropriate community agencies.

II. ELIGIBILITY

Home delivered meals are available to applicants for and current recipients of SSI, former recipients of SSI, and potential recipients of SSI, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for home delivered meals must be redetermined at least every six months. The social worker shall update the service plan with the client and verify the client's eligibility for the service. Redetermination of eligibility shall occur more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The social worker will provide supportive counseling to the client regarding his need for the service, refer eligible clients to home care corporations or other appropriate public or private community resources which provide home delivered meals, and, when appropriate, follow up with the agency to ensure that the client receives the requested service. Where Department contracts exist with public or private agencies for the provision of such services, the worker shall utilize such contracts as the first resources for clients, in accordance with the eligibility criteria stipulated in the contracts.

Chapter III

HOMEMAKER SERVICES
FOR THE AGED AND DISABLED

I. DEFINITION

Homemaker services provide care of individuals in their own homes and help to individuals in maintaining, strengthening, and safeguarding their functioning in the home through the services of a trained and supervised homemaker.

Homemaker services may be provided during times of stress such as the temporary absence of the caretaker, e.g., spouse or other relative, due to illness, or to improve home management and household skills, or to help elderly or disabled individuals to function after a period of illness, etc. Homemaker services may include, but are not limited to: care and supervision of persons; non-medical care for an ill or disabled person; routine light housekeeping including light laundry; planning, preparation and serving of meals; and instruction in homemaking and household skills.

II. ELIGIBILITY

Homemaker services are available to persons who are current applicants for or recipients of SSI-OAA and SSI-DA. Eligibility of individuals in these groups for homemaker services is also contingent upon a social or medical diagnosis confirming the need for the service, and authorization of the service can be approved only after consultation between the social service worker and the social service supervisor.

III. REDETERMINATION OF ELIGIBILITY

Continued use of the services will be reviewed as provided by the Social Service Plan, but eligibility for homemaker services must be redetermined no later than every 90 days from the date of authorization.

IV. METHOD OF PROVISION

Homemaker services to the aged and disabled are provided directly by a Department homemaker staff member in those service areas where such staff exist, or by referral to a Home Care Corporation where such organizations exist for services to SSI-OAA recipients, or by a homemaker staff member of an agency accredited by the Massachusetts Board of Accreditation from which the Department purchases services on a contracted or non-contracted basis.

Chapter III

HOMEMAKER SERVICES
FOR THE AGED AND DISABLED

IV. METHOD OF PROVISION (cont'd.)

The applicant contacts the local social service worker to apply for homemaker services. After following eligibility determination procedures, the social service worker documents the need for services in the case record and in the Social Service Plan. In addition to a medical or social diagnosis, documentation includes consideration of providing other social services to help maintain the client in addition to or instead of homemaker services. Service of hourly units or for 24-hour periods may be authorized. The plan must include the number of hours per day, the number of days per week, and the time period for which services are authorized. Twenty-four-hour service will be considered whenever possible as a short-term service and, when authorized, the social service worker will carefully consider alternative or additional services. The social service worker then contacts the Department homemaker staff or the agency providing the service. In service areas where Home Care Corporation exist, those organizations will be considered before other resources for CSI-OAA clients.

The rate approved for non-contracted purchase of service from homemaker agencies is the hourly unit rate established by the Department's Office of Social Services (Central Office) with the provider agency, plus transportation costs, if transportation is not included in the unit rate. Public transportation shall be utilized as the first resource (bus or MBTA). Allowance of up to twelve cents a mile may be authorized when a car is used. Transportation costs shall be approved by the supervisor. Twenty-four-hour care may be authorized at a daily rate established by the Department's Office of Social Services (Central Office) with the provider agency.

The period of service authorized depends on the needs of the client as ascertained by the social service worker and approved by the supervisor. After 180 days, hourly units of homemaker service will be approved by the Associate Regional Administrator for Social Services or his designee. If 24-hour service is authorized, such service will be approved after 30 days by the Associate Regional Administrator for Social Services or his designee.

Chapter III

HOME MANAGEMENT SERVICES

I. DEFINITION

Home management services are provided to improve individual and family functioning in the home and to promote good home and financial management. Services include: individual or group counseling and educational services provided to strengthen and improve family living, promote family stability, prevent or alleviate family dysfunction, or improve individual or family relationships; assisting families and individuals to improve functioning in home and financial management; supportive counseling provided to promote the proper care and supervision of children and to help parents establish and maintain a parental role with their children; formal or informal instruction and training in household and money management, child rearing, consumer education, and health maintenance; counseling related to protective payments, when appropriate; referral to other social services.

II. ELIGIBILITY

Home management services are available to applicants for and current recipients of SSI, potential recipients of SSI, and former recipients of SSI, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for home management services shall be redetermined at least every six months. The worker shall update the service plan and verify the client's eligibility for home management services. Redetermination of eligibility may occur more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker may provide counseling directly to the client regarding individual and family relationships and home and financial management. He may refer the client to appropriate public and private community resources and follow up to ensure that the client receives the service.

Where Department contracts exist for the provision of home management or family life education services, the worker may use these contracts as resources for clients in accordance with the eligibility criteria stipulated in the contracts.

Chapter III

HOUSING SERVICES

I. DEFINITION

Housing services assist individuals and families to locate and gain access to adequate housing and to improve housing conditions. Specific activities of social service workers shall include, but not be limited to: assisting clients in locating standard low-cost housing, providing technical assistance in the area of code enforcement, and attempting to resolve tenant problems and other housing needs that may arise.

The Department's Housing Program is administered by the Central Office with assistance from Regional Housing Specialists who act as resources for their respective regions in regard to housing matters. The Housing Specialist is the primary resource for the social service worker who is seeking new housing opportunities for clients, and shall keep social service workers informed of housing programs and resources that are available.

In addition, Housing Specialists represent the Department in negotiations with federal, state, and local agencies to increase housing opportunities for recipients, and assist Regional Administrators in developing plans for solving regional housing problems.

II. ELIGIBILITY

Housing services are available to applicants for and current recipients of SSI-OAA and SSI-DA, former recipients of SSI-OAA and SSI-DA, and potential recipients of SSI-OAA and SSI-DA, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Redetermination of eligibility for housing services must be made at least every six months, when appropriate. Redetermination of eligibility shall occur more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

Social service workers, in providing housing services to clients, should use the Regional Housing Specialist as a resource. Where no Housing Specialist is available, the service worker should contact the Central Office Housing Unit.

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HOUSING SERVICES

Certain housing issues may require the service worker to contact an assistance payments worker, such as in the case of income verification for publicly-assisted housing. In addition, there are particular housing issues regarding financial assistance which are correspondingly designated as assistance payments responsibilities despite the housing implications. These issues relate to vendor payments to landlords, home repairs, rental exceptions, moving expenses, shelter arrearages, provision of household furniture and supplies, emergency shelter, and fuel and utility arrearages.

In a continuing effort to ensure adequate housing for clients, service workers shall familiarize themselves with the Minimum Standards of Fitness for Human Habitation contained in Article II of the State Sanitary Code and, where appropriate, additional local regulations. Workers providing services to families with children under six years of age must be familiar with the lead paint statute in Section 197 of Chapter 111 of the General Laws. Any housing, particularly housing constructed prior to 1950, is likely to contain high levels of lead paint. Housing that is suspected of containing lead paint that could be dangerous to the health of the children is to be tested for lead content by the local board of health or designated agency. If the local code enforcement agency will not test for the presence of lead paint, the service worker can contact the Childhood Lead Poisoning Prevention Division in the Department of Public Health, which can be of assistance.

Any housing conditions which appear to be violations of Article II of the Sanitary Code or local regulations, including lead paint violations, are to be reported to the local Board of Health or, in the City of Boston, the Housing Inspection Department, which are empowered to take court action, if necessary, to enforce compliance by the owner of such property to correct conditions and eliminate hazards. The Central Office Housing Unit is to be notified of any cases in which court action is taken under this statute. If violations are not corrected within a reasonable period of time clients should be advised of their option to contact legal assistance.

For additional information, service workers shall refer to the Department's Low Income Housing Handbook which further delineates procedures for dealing with housing issues such as the legal rights of tenants, tenant problems, location of additional housing resources, etc.

Chapter III

INFORMATION AND REFERRAL SERVICES

I. DEFINITION

Information and referral services are provided to bring individuals and/or groups with unmet needs to the most appropriate resource in the shortest possible time and to provide a means for the accumulation of data which will identify existing resources, duplications and gaps in services, unmet needs, and service results.

Information and referral services include but are not limited to: assessment of the request for social services; provision of information about service resources; referral of the person to the appropriate agency; community consultation, education regarding Departmental services, and outreach services to provide information to persons unaware of available social service resources.

Follow-up services may be provided which include intervention with an agency on behalf of a client when such intervention is deemed appropriate, and contact with an agency and/or client to ensure that the requested service was received and to identify additional resources when necessary.

II. ELIGIBILITY

The Department shall provide information and referral services (I&R) to all persons requesting such services.

The Department shall provide information, referral and follow-up services to current applicants for or recipients of SSI-OAA or SSI-DA, former recipients of SSI-OAA or SSI-DA or potential recipients of SSI-OAA or SSI-DA, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

No redetermination of eligibility is required for information and referral services since such services are available to all persons regardless of their eligibility status.

Redetermination of eligibility for information-referral-follow-up services is made at least every six months, when appropriate. Redetermination of eligibility may occur more frequently if the service plan so indicates.

IV. METHOD OF PROVISION

Information, referral, and follow-up services are provided directly by staff of the Department.

Chapter III

INFORMATION AND REFERRAL SERVICES

The Department may purchase comprehensive information and referral and follow-up services for eligible clients when necessary and appropriate as a supplement to the Department's information and referral system.

Referral to purchased information and referral and follow-up services or to other community programs shall be made when the Department's information and referral system is unable to respond to the needs of eligible clients.

Chapter III

LEGAL SERVICES

I. DEFINITION

The Department aids persons in need of legal assistance on an information and referral basis by identifying organizations and individuals who are willing to provide quality legal services and helping to solve any problems which may prevent such persons from obtaining legal services and/or making optimum use of services available. Specific services include: assisting persons in identifying, understanding, securing, and using necessary legal resources; arranging for assessment of legal problems; consulting with legal resources on specific cases; and arranging for appropriate and indicated legal assistance.

The Department's Legal Division acts as counsel for the Department on legal matters related to the operation of the Social Services program. Some of the legal matters on which the Division offers consultation to Department Social Services staff or represents the Department in court are: adoption petitions, care and protection petitions, straight custody petitions, and appeals regarding denials of service. The Division also provides legal counsel to the Support Unit in relation to efforts to establish the paternity of children born out of wedlock and to secure and collect child support.

II. ELIGIBILITY

Information and referral regarding legal services are available to the total community. Follow-up services, including arrangement for the provision of legal services, are available to applicants for and current recipients of SSI-OAA and SSI-DA, former recipients of SSI-OAA and SSI-DA, and potential recipients of SSI-OAA and SSI-DA, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

When the worker is simply providing information and referral regarding legal services, no redetermination of eligibility is required. When the worker is providing information, referral, and follow-up regarding legal services to eligible clients, he must redetermine eligibility for such services at least every six months, when appropriate. Redetermination of eligibility shall occur more frequently, if the service plan so indicates.

Chapter III

LEGAL SERVICES

IV. METHOD OF PROVISION

The worker will assist clients in identifying legal assistance needs, provide supportive counseling to clients surrounding these needs, and assist clients in obtaining and utilizing needed legal services. The social worker (or the Department's legal staff, when contacted directly by clients) will assist individuals in referrals to legal assistance resources where such referrals seem appropriate. In general, referrals are made to the Boston Legal Assistance Program, Legal Aid society, or similar organizations throughout the State for legal concerns surrounding landlord and tenant or eviction issues and domestic relations and separate support issues. In juvenile criminal cases, referral may be made to the Massachusetts Defender's Committee. If the worker requires assistance in determining the appropriate referral, he may contact the Resource Mobilization Unit or the appropriate regional attorney for resource information.

The social worker is to contact the appropriate regional attorney when he requires legal consultation regarding a case. Whenever the worker determines that court action concerning the issue of child custody (210 petitions, care and protection petitions, straight custody petitions) is desirable in a case, he is to contact the regional attorney before initiating such action whenever possible. The attorney will provide legal counsel regarding the case and, when necessary, will intervene directly by serving as the Department's representative in court.

Chapter III

SERVICES TO THE MENTALLY RETARDED

I. DEFINITION

Services to the mentally retarded are those social services provided as part of, or in conjunction with, a program of active treatment to individuals determined to be in need of such services. Services include individual and group counseling to facilitate personal, family, or community adjustment, assistance in obtaining education or employment, special training in self-care, and other supportive services to strengthen the client's capability for self-support or self-care.

Services do not include any costs of medical care which are reimbursable under Title XIX.

II. ELIGIBILITY

Services to the mentally retarded are available to applicants for and current recipients of SSI, former recipients of SSI, and potential recipients of SSI, as defined in Chapter I.

III. REDETERMINATION OF ELIGIBILITY

Eligibility for services to the mentally retarded must be redetermined at least every six months. The worker shall update the service plan with the client and verify the client's eligibility for such services. Eligibility for services to the mentally retarded may be redetermined more frequently, if the service plan so indicates.

IV. METHOD OF PROVISION

The worker may provide supportive counseling to the client regarding his need for services to the mentally retarded, may refer the client to appropriate public or private community resources, and may follow up with the resources to ensure that the client receives the service. Where Department contracts exist with public or private agencies for the provision of such services, the worker shall utilize such contracts as first resources for clients, in accordance with the eligibility criteria stipulated in the contracts. Public agencies shall be utilized as resources in preference to private agencies whenever possible.

Chapter III

PROTECTIVE SERVICES FOR THE AGED AND DISABLED

I. DEFINITION

Protective services for the aged and disabled are social services which assist individuals who, because of their mental, physical or social condition, are unable to manage their own resources, carry out the activities of daily living, or protect themselves from neglect or hazardous situations without assistance from others.

Protective services shall include:

- a) supportive counseling regarding the need for protective services
- b) arranging for medical (including psychiatric) services to evaluate, safeguard, and improve the circumstances of those with serious impairments
- c) arranging for guardianship, commitment, foster care, or other protective placement when necessary, by the agency directly or through referral to another appropriate agency
- d) assisting individuals to move from situations which are or are likely to become hazardous to their health or well being
- e) arranging for services which prevent social isolation
- f) arranging for other social services, when necessary

II. ELIGIBILITY

Protective services to the aged and disabled are available to applicants for and current recipients of SSI-OAA and SSI-DA, former recipients of SSI-OAA and SSI-DA, and potential recipients of SSI-OAA and SSI-DA as defined in Chapter I.

III. REDETERMINATION

Redetermination of eligibility for protective services for adults shall be made at least every 6 months. The social worker shall update the service plan with the client and verify the client's eligibility status. Redetermination of eligibility shall occur more frequently if the service plan so indicates.

IV. METHOD OF PROVISION

A Department social worker may provide supportive counseling to a client regarding his need for protective services and may also provide information, referral and follow-up services.

Referral to agencies with which the Department has purchase of service contracts for protective services for the aged and disabled shall be utilized as a first resource.

A Department social worker may also authorize payment for other defined social services provided that the client meets the Department's eligibility criteria for the specific services and such services are part of the service plan.

CHAPTER IV

ADMINISTRATIVE PROCEDURES

Chapter IV

TRANSFERS

I. POLICY

Service cases sent from one service unit of the Department to another service unit of the Department for case management functions are to be considered transfers. The following policies apply when the transfer occurs between two service units carrying the same service functions or between two service units carrying different functions, e.g., from a Generalist Unit to a Generalist Unit or from an Information, Referral and Follow-up Unit to a Generalist Unit.

The social service case can be transferred when appropriate as a pending, no aid, opened or closed case. However, in pending case situations, all efforts should be made to establish an active social service case prior to transfer, whenever possible.

A case is considered transferable only when a case record exists — i.e., either a Social Service Application (SOC-3) has been taken (pending or no aid status) or both the Social Service Application (SOC-3) and a Social Service Plan (SOC-5) have been completed (opened or closed case).

In order to provide continuity of service, social service cases are not to be closed solely as a result of the transfer process. They are to remain open providing that the eligibility requirements for social services are still met. This policy applies both to transfers to social service units providing the same social service functions and to social service units providing different social service functions.

If it has been determined that a social service case no longer requires social services and the case is closed, the case record would then be transferred to the Information, Referral and Follow-up Unit located in the Community Service Area by which the case is closed. If future social service needs arise the case would be re-opened by the Information, Referral and Follow-up Unit.

A. Inter-Community Service Area Transfers due to Changes in Geographical Locations. (Transfers to Service Units Carrying the Same or Different Functions).

When an applicant or recipient of social services moves to an area serviced by a different Community Service Area in the same or a different region, the following policy applies:

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TRANSFERS

1. Transfer of Cases

The Case record being transferred is to be sent to the new Community Service Area Office no later than ten (10) working days from the date that the recipient moved to the new address. If the recipient does not notify worker until after moving, the case is to be transferred within ten (10) working days of such notification.

Upon receipt of the case record, the new Community Service Area Office has case responsibility and at that time the recipient may contact the new worker.

The recipient is to be contacted by the new social service worker to review the Social Service Plan and to renew any requested vendor authorizations no later than ten (10) working days from the receipt of the social service case record by the new Community Service Area Office.

If the case transferred is pending, the new social service worker would contact the recipient to complete the Social Service Plan and any required vendor authorizations no later than ten (10) working days from the receipt of the social service case record by the new Community Service Area Office.

2. Issuances of Authorization to Vendor Service Providers During Transfers

If the change in address necessitates a change in the vendor service provider and the recipient continues to be eligible for the service, the former worker has responsibility prior to the transfer for authorizing the delivery of the service by a new provider to ensure coverage during the transfer period. This continuation of social services is to be approved for twenty (20) working days at the end of which time the new social service worker has responsibility for any needed authorizations. The same policy applies when there is no change in the vendor service provider but the authorization would expire during the transfer process.

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TRANSFERS

3. Written Notice to Recipients of Social Services

The transferring Community Service Area Office must notify the recipient of social services at the time the case record transfer takes place and indicate that a contact will be made by a social service worker from the new Community Service Area Office within ten (10) working days of the notice.

B. Case Transfers within a Community Service Area to Social Service Units Carrying the Same Functions

When a recipient of social services moves to an area serviced by a different worker within the same Community Service Area, the case record is to be transferred to the new worker no later than ten (10) working days from the date the recipient moved. If the recipient does not notify worker until after moving, the case is to be transferred within ten (10) working days of such notification. Written notification of transfer is to be sent to the recipient of social services at the time the transfer takes place. Upon receipt of the case record, the new social service worker will have case responsibility.

C. Case Transfers within a Community Service Area to Social Service Units Carrying Different Functions

1. Transfers from Information, Referral and Follow-up Units to Generalist or Specialist Units

Once it has been determined appropriate to transfer a case for case management functions, the following policy applies:

- a. Pending cases are to be transferred no later than five (5) working days from the date that the eligibility determination for Department social services has been made.

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TRANSFERS

- b. Crisis cases are to be transferred no later than three (3) working days from the date of application.
- c. Single service cases which require case management are to be transferred no later than five (5) working days from the date that follow-up was completed provided that a determination was made that the service is being received.

Upon receipt of the social service case record, the new social service worker will have case management responsibility and will notify the recipient as to his name and location.

2. Transfers Between Generalist and Specialist Units Carrying Full Case-Management Responsibility

When a determination has been made that a case must be transferred between a Generalist and a Specialist Unit, the transfer must occur within ten (10) working days of such determination. Upon receipt of the case record, the new social service worker will have total case management responsibility and will notify the client as to his name and location.

D. Transfer of Closed or No Aid Case Records

When a person re-applies for social services in a new Community Service Area and it is known that social services were previously received or requested in another community, the closed or no aid case record is to be transferred to the new Community Service Area Office upon written request. Where feasible this transfer can be initiated by a telephone request.

CHAPTER V

FAIR HEARING PROCEDURE

Chapter V

FAIR HEARING PROCEDURE

The Department's existing appeals procedure, as described in the Assistance Payments Policy Manual, will continue to be in effect pending the promulgation of a new appeals policy. The Department is currently in the process of developing a new policy on the fair hearing procedure which will reflect the provisions of the newly-enacted Chapter 752 of the Acts of 1974.

